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PAGE 1 / 195

I

	ND DISBU	RECEIP	ΓS	Office U	
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If ty		Office Us	
Health Underwriters Politi	cal Action Com				
ADDRESS (number and street)	212 New York Ave				
Check if different	Suite 1100				
than previously reported. (ACC)	Vashington			DC 20005	
2. FEC IDENTIFICATION NUMB	ER 🔻	CITY 🔺	ST	ATE 🔺	ZIP CODE
C C00283135	3.	IS THIS REPORT	NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report Due On:	Feb 20 (M2)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	x Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(C) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the	e: Conventio	n (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Ele	ection on	/ D D / Y	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the	· · · · · · · · · · · · · · · · · · ·	30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		ection on	/ D D / Y	Y Y Y	in the State of
5. Covering Period	/ D D / Y Y 01 201	6 throug	h 09 /	30 / Y Y 30 201	16
I certify that I have examined this R N Type or Print Name of Treasurer	eport and to the best Aurphy, Jennifer, , ,	t of my knowledge ar	d belief it is true,	correct and complet	te.
Signature of Treasurer	ennifer, , ,	[Electronic	ally Filed] Dat	re 10 / 17	D / Y Y Y Y 2016
NOTE: Submission of false, erroneous	, or incomplete information	ation may subject the p	person signing this	Report to the penaltion	es of 52 U.S.C. § 30109
Office Use Only					FORM 3X Rev. 05/2016

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page **2**

FEC Form 3X (Rev. 05/2016) Write or Type Committee Name

Health Underwriters Political Action Committee

R	Report Covering the Period: From:	01 / Y Y Y Y Y 2016 To	. 09 / D D / Y Y Y Y 30 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		192613.19
	(b) Cash on Hand at Beginning of Reporting Period	121822.03	
	(c) Total Receipts (from Line 19)	46418.50	444047.57
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	168240.53	636660.76
7.	Total Disbursements (from Line 31)	132597.91	601018.14
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35642.62	35642.62
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Underwriters Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:	I	
(a) Individuals/Persons Other		
Than Political Committees	20222 50	
(i) Itemized (use Schedule A)	30232.50	261609.92
	10100.00	400407.05
(ii) Unitemized	16186.00	182437.65
(iii) TOTAL (add	46449.50	444047.57
Lines 11(a)(i) and (ii)	46418.50	
(b) Bolitical Barty Committees	0.00	0.00
(b) Political Party Committees (c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	47. 47. 47.	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	46418.50	444047.57
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
	-777-	
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	4	47. 47. 47.
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	4 4 4	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
		41 42 42
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	46418.50	444047.57
. Total Federal Receipts	46418 50	444047 57
(e) (p) (p) (p) (p) (p) (p) (p) (p)	46418 50	

(subtract Line 18(c) from Line 19).....▶

46418.50

444047.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 13225.64 Expenditures 1467.41 (c) Total Operating Expenditures 13225.64 (add 21(a)(i), (a)(ii), and (b)) 1467.41 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 586500.00 and Other Political Committees... 130500.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 1292.50 630.50 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 630.50 1292.50 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 132597.91 601018.14 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 132597.91 601018.14

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ **Operating Expenditures**

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

						46418.50
		7			7	
						630.50
		- 7		1	- 7	
						45788.00
		-			-	
						1467.41
		-			,	1467.41
F	+	-7	-	-	-	
		-7-			-7-	1467.41 0.00
	+	-7-		-		0.00

				444047.57
	-7-		-7	444047.37
				1292.50
	-	1	-7	1292.30
				442755.07
	7		 -7	442733.07
				13225.64
	-7		 -7	13223.04
				0.00
	-7		 -7	0.00
				40005.04
			 	13225.64

COLUMN B

Calendar Year-to-Date



SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ידו			Use separate schedule(s)			(check only one)						
11	EWIZED RECEIPIS		for each category of the Detailed Summary Page		4 11a		11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the											
<u> </u>	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Initia Kite, William, , ,	al) or Full O	rganization Name		Date of Receipt							
	Mailing Address PO Box 629				^M 09	1	01		2016	Y		
	City Roanoke	State VA	Zip Code 24004-0629					: 1083647 Receipt th	71 his Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		300.	00		
	Name of Employer (for Individual) Occupation (for Individual) D&S Agency Broker						o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2625.00	1								
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Southan, Tamela, L.,						eceipt					
	Mailing Address 101 W. Renner Rd., Ste 160 City State Zip Code					09 / D / Y Y Y Y 2016						
	City Richardson	State TX					1083647					
	FEC ID number of contributing federal political committee.	C	75082-2019			. 01			nis Period 42.0	00		
	Name of Employer (for Individual) Benefit Solutions By Design	Occi Brol	upation (for Individual) ker		Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00]								
С.	Full Name of Individual (Last, First, Middle Initia Brannon, William, J., ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 2 Terrace Way, Suite B				^M 09	1	02		2016	Y		
	City Greensboro	State NC	Zip Code 27403-3663				-	: 1083653 Receipt th	33 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	30.	00		
	Name of Employer (for Individual) Group US, Inc.	Occu Brok	upation (for Individual) er		M	em	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1								
s	UBTOTAL of Receipts This Page (optional))	<u> </u>			9	5	372.0	00		
т	OTAL This Period (last page this line number o	nly)					-	-				

SCHEDULE A (FEC Form 3X) _____

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PAGE 7 OF

IT!			Use separate schedule(s)			(check only one)						
11	EWIZED RECEIPIS		for each category of the Detailed Summary Page		4 11a		11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)			0 10 3		TU IL	Julions		Commu			
\rangle	Health Underwriters Political Act	ion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initia Moore, David, R., ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address PO Box 1006				^M 09	1	02		ү ү 2016	Y		
	City Burlington	State NC	Zip Code 27216-1006					1083653 Receipt th	6 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>				30.0	00		
	Name of Employer (for Individual) Occupation (for Individual) David R. Moore, CLU & Associates Broker						o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1								
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Musser, Ray, M., ,						eceipt					
	Mailing Address 404 North Second Avenue, Suit			09 / 02 / Y Y Y Y 2016								
	City Upland	State CA	Zip Code 91786-4793					1083653				
	FEC ID number of contributing		_	Amount	to i	Each F	Receipt th	nis Period	_			
	federal political committee.	C			85.00					00		
	Name of Employer (for Individual) Ray Musser & Associates Insurance Serv	Occi Brol	upation (for Individual) ker		Me	emo	o Item					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify) ▼		765.00]								
C.	Full Name of Individual (Last, First, Middle Initia Frizen, Bruce, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 8058 Corporate Center Dr. Suite 200	State	Zin Code		09	1	03		2016	Y		
	City Charlotte	NC	Zip Code 28226-4359	_				: 1083733 Receipt th	is Period			
	FEC ID number of contributing federal political committee.	С			Ľ.		y	, <u>,</u>	45.0	00		
	Name of Employer (for Individual) L.E. Goodgame & Associates	Occu Brok	upation (for Individual) er		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]								
s	UBTOTAL of Receipts This Page (optional)						,	,	160.0	00		
т	OTAL This Period (last page this line number o	nly)	······					-				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 8 OF

ITEMIZED RECEIPTS			Use separate schedule(s)			(check only one)						
			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c 15	12	17		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Ini Schneider, Chad, P., ,	tial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 360 W. Hubbard St. Apt 1105				м м 09	/	03) / Y	2016	Y		
	City Chicago	State IL	Zip Code 60654-5748					1083733 Receipt th				
	FEC ID number of contributing federal political committee.	С							85.	00		
	Name of Employer (for Individual) Code SixFour	Occi Brol	upation (for Individual) ker		M	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 890.00	1								
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Boop, Deborah, R., ,						eceipt					
	Mailing Address 8046 Richard Rd.	ailing Address 8046 Richard Rd.				/	03) / Y	2016	Y		
	City Broadview Heights	State OH	_	Transaction ID : 10837338 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C			30.00							
	Name of Employer (for Individual) Kaczmarek Insurance Services	Occupation (for Individual) Broker			Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00]								
С.	Full Name of Individual (Last, First, Middle Ini Meredith, Griffin, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 550 S 5th St Unit 303				Date of Receipt							
	City Louisville	State KY	Zip Code 40202-4309				-	1083733 Receipt th	-			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,	85.	00		
	Name of Employer (for Individual) Commonwealth Insurance Partners		upation (for Individual) sident		М	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.00	1								
s	UBTOTAL of Receipts This Page (optional)			•			, .	.,	200.	00		
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FOR LINE NUMBER:

PAGE 9 OF

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee								
Α.	Full Name of Individual (Last, First, Middle Initia Warwick, John, L., ,	al) or Full O	organization Name		Date of	f Re	eceipt				
	Mailing Address 1907 B Mangrove Ave.				м м 09	/	03) / Y	ү ү 2016	Y	
	City Chico	State CA	Zip Code 95926-2381					1083734 Receipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		85.	00	
	Name of Employer (for Individual) John Warwick Insurance Services	Occu Broł	upation (for Individual) ker		M	emo	tem Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00								
В.	Full Name of Individual (Last, First, Middle Initi- Fugitt-Hetrick, Pamela, Leigh, ,	al) or Full O	organization Name		Date of	f Re	eceipt				
	Mailing Address 1123 Soquel Avenue				09 / 03 / Y Y Y Y 2016						
	City Santa Cruz	State CA	Zip Code 95062-2105					1083734			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
	Name of Employer (for Individual) DCD Financial & Insurance Services	Occupation (for Individual) Broker			M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00								
с.	Full Name of Individual (Last, First, Middle Initia Gwin, David, R., ,	al) or Full O	Prganization Name		Date of	f Re	eceipt				
	Mailing Address I-20 At Alpine Rd. AX-400 City	State	Zip Code		09 T		04		2016	Y	
	Columbia	SC	29219-0001					1083734 Receipt th			
	FEC ID number of contributing federal political committee.	С			Ľ.		y	, ,	85.	00	
	Name of Employer (for Individual) BlueChoice HealthPlan	Occu Brok	upation (for Individual) ker		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00								
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	200.	00	
т	OTAL This Period (last page this line number o	nly)						-			

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Mido A. Lewis, Carolyn, S., ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 12401 Folsom Blvd, Sui	te 324		M M / D D / Y Y Y Y 09 04 2016
City Rancho Cordova	State CA	Zip Code 95742-9419	Transaction ID : 10837351 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		12.00
Name of Employer (for Individual) Lewis Benefits Group	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.00]
Full Name of Individual (Last, First, Midd B. Manning, Richard, K., ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 10315 Woodley Avenue	,#216		09 05 2016
City Granada Hills	State CA	Zip Code 91344-6951	Transaction ID : 10837355 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Accessible Health Insurance Services.	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00]
Full Name of Individual (Last, First, Mido C. Briand, Chelyn, M., ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 14750 NW Glacier Lane	1		09 05 / Y Y Y Y 09 05
City Beaverton	State OR	Zip Code 97006-5892	Transaction ID : 10837356 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) The Standard	Occi Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]
SUBTOTAL of Receipts This Page (option	al)		127.00
TOTAL This Period (last page this line nu	mber only)		

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 11 OF

ITEIWIZED RECEIPTS		Detailed Summary Page	×	-		111		11c	12	<u> </u>
Any information copied from such Reports a or for commercial purposes, other than using							e of s			
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middl A. Harrington, Paula, , , Mailing Address 1332 E Beltline Road City Richardson FEC ID number of contributing federal political committee. Name of Employer (for Individual) Harrington Insurance Solutions, LLC - Receipt For: Other (specify) ▼	State TX C Occ Brol	Zip Code 75081-3709		Amount	/ sacti	ion Eac	05 ID:1 ch Re	083735	2016 7 is Period 85.	
Full Name of Individual (Last, First, Middl B. Moore, Robert, L., , Mailing Address 1644 Plank Rd City Duncansville FEC ID number of contributing federal political committee. Name of Employer (for Individual) L.R. Webber Associates, Inc. Receipt For: Primary General Other (specify)	State PA C Occ Bro	Zip Code 16635-8376 upation (for Individual) ker Year-to-Date ▼		Amoun	/ acti	ion Eac	05 ID : 10 ch Re	083736	2016 0 is Period 42.	
Conter (specify) ▼ Full Name of Individual (Last, First, Middl C. Sherrill, David, M., , Mailing Address 407 Centerpointe Circle, City Altamonte Springs FEC ID number of contributing federal political committee. Name of Employer (for Individual) Sherrill Insurance Brokerage, Inc. Receipt For: Primary General Other (specify)	Suite 163 State FL C Occ Brok	Zip Code 32701-3446		Amount	/ sact	ion Eac	05 ID : 1 ch Re	083736	2016 4 is Period 30.	
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,					, ,		,	157.	00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 12 OF

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			Detailed Summary Page		13		14		15		16	17
	y information copied from such Reports and for commercial purposes, other than using t											
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee									
A.	Full Name of Individual (Last, First, Middle Maceira, Luis, A., ,	Initial) or Full C	rganization Name		Date of	f Re	eceip	t				
	Mailing Address 4515 S Durango Dr Apt 2028				м м 09	_	D	05	/ Y		16	Y
	City Las Vegas	State NV	Zip Code 89147-6087						083736			
	FEC ID number of contributing federal political committee.	С			AITIOUNI			ii rie	ceipt th		30.0	0
	Name of Employer (for Individual) Distinctive Insurance		upation (for Individual) efits Consultant		M	emo) Iter	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]								
В.	Full Name of Individual (Last, First, Middle Rianhard, R. Dane, , ,	Initial) or Full C	rganization Name		Date of	f Re	eceip	t				
	Mailing Address 1 E. Pratt St., Unit 902				м м 09	/		D 05	/ Y	ې 20	16	Y
	City Baltimore	State MD	Zip Code 21202-1193						083736 ceipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С					- -		-9		30.0	0
	Name of Employer (for Individual) TriBridge Partners, LLC	Occ Bro	upation (for Individual) ker		M	emo) Iter	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 495.00]								
С.	Full Name of Individual (Last, First, Middle Scholz, Paul, Joseph, ,	Initial) or Full C	rganization Name		Date of	f Re	eceip	t				
	Mailing Address 17445 Arbor St Suite 310				09	J.		06	L	20	16	Y
	City Omaha	State NE	Zip Code 68130-4645	A			-		083736 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					y		y		85.0	0
	Name of Employer (for Individual) OCI Insurance and Financial Services Receipt For:	Brok			М	emc	o Iter	n				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 890.00]								
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle A. Storz, Ulrich, S., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 987 University Avenue, #1	4		M M / D D / Y Y Y Y 09 06 2016
City Los Gatos	State CA	Zip Code 95032-7640	Transaction ID : 10837370
		93032-7040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Storz Insurance Services	Occu Brol	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date V	-
Primary General Other (specify) ▼		240.00	
Full Name of Individual (Last, First, Middle B. Riedl, Alycia, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1600 Utica Ave S			09 07 2016
City	State	Zip Code	Transaction ID : 10837635
Saint Louis Park	MN	55416-1443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Willis Towers Watson	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle	e Initial) or Full O	rganization Name	
C. Griffin, Mary, , , Mailing Address 14 Commerce Road			Date of Receipt
City	State	Zip Code	Transaction ID : 10837636
Newtown	СТ	06470-1607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) TR Paul, Inc.	Occu Brok	upation (for Individual)	Memo Item
Receipt For:		Year-to-Date V	—
Primary General Other (specify)		270.00	
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Ad	ction Com	mittee								
Α.	Full Name of Individual (Last, First, Middle In McGill, Frank, H., , Mailing Address 200 Arbor Lake Dr Ste 200	iitial) or Full O	rganization Name		Date of	Re	· ·	D	/ Y	YYY	Y
	City	State	Zip Code		09 Trans	acti		07 D:1	083763	2016 7	
	Columbia FEC ID number of contributing federal political committee.	sc C	29223-4516	/	Amount	of	Each	n Re	ceipt th	iis Period 30.	00
	Name of Employer (for Individual) HealthPlan of South Carolina	Occi Broł	upation (for Individual) ker		Me	emo	lten	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00								
Β.	Full Name of Individual (Last, First, Middle In Sullivan, Ashley, , ,	itial) or Full O	rganization Name		Date of	Re	eceipt	:			
	Mailing Address PO Box 99565				м м 09	/		07	/ Y	2016	Y
	City Louisville	State KY	Zip Code 40269-0565						083763 ceipt th	9 nis Period	
	FEC ID number of contributing federal political committee.	С					7		-9-	42.	00
	Name of Employer (for Individual) Van Zandt Emrich and Cary	Occ Bro	upation (for Individual) ker		Me	emo	lten	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00								
C.	Full Name of Individual (Last, First, Middle In Bikmaz, Joanne, , ,	iitial) or Full O	rganization Name		Date of	Re	eceipt	:			
	Mailing Address 1860 Shaded Wood Road				09 ^M	/		07	/ Y	2016	Y
	City Diamond Bar	State CA	Zip Code 91789-4011						083764 ceipt th	10 his Period	
	FEC ID number of contributing federal political committee.	С					y		y	30.	00
	Name of Employer (for Individual) Fisher & Associates Insurance Services Receipt For:	Brok			M	emo) Iten	n			
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
A.	Full Name of Individual (Last, First, Middle Initia Bremer, Emily, Black, ,	al) or Full O	rganizatio	on Name		Date of	Re	ece	eipt				
	Mailing Address 8000 Bonhomme Ave., # 213					09	/	ſ	D D 07			016	Y
	City Saint Louis	State MO		Code 105-3515						108376 eceipt t		Period	
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в.	Full Name of Individual (Last, First, Middle Initia DeBruin, Teresa, F., ,	al) or Full O	rganizatio	on Name		Date of	Re	ece	eipt				
	Mailing Address 5441 Edgerton Drive					м м 09	/	ľ	D D 07		2() 16	Y
	City Peachtree Corners	State GA		Code 092-2185						108376 eceipt t		Period	
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с.	Full Name of Individual (Last, First, Middle Initia Balla, Donald, L., ,	al) or Full O	rganizatio	on Name		Date of	Re	ece	eipt				
	Mailing Address 1320 Grant Building					^M 09	1	l	D D D 08) 016	Y
	City Pittsburgh	State PA		Code 19-2213						108377 eceipt t		Period	
	FEC ID number of contributing federal political committee.	С				<u> </u>		y		,	_	30.0	0
	Name of Employer (for Individual) Simpson & McCrady LLC Receipt For:	Brok	er	or Individual)		M	emc	o It	tem				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. Matsushita, David, , , Date of Receipt Mailing Address 25B Hanover Road Suite 220 City State Zip Code City Receipt For: O'98 / 2016 Transaction ID : 10837710 Amount of Each Receipt For: Aggregate Year-to-Date ▼ Memo Item B. Galardini, Richard, F., , Mailing Address 7000 Stonewood Dr Suite 251 State Zip Code Name of Employer (for Individual) Orcupation (for Individual) Date of Receipt Image: Committee B. Galardini, Richard, F., , Mailing Address 7000 Stonewood Dr Suite 251 Zip Code Transaction ID : 10837715 Mailing Address 7000 Stonewood Dr Suite 251 Committee Committee Date of Receipt Mailing Address 7000 Stonewood Dr Suite 251 Committee Memo Item Memo Item Name of Employer (for Individual) Occupation (for Individual)	ITEIWIZED RECEIPTS			🗡 11a	11b	11c	12	
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Health Underwriters Political Action Committee A. Matsushita, David, . , . Mailing Address 258 Hanover Road Suite 220 City Florham Park Name of Employer (for individual) Savoy Associates Savoy Associates Beceipt For: Primary City B. Calardini, Richard, F.r., Mailing Address 7000 Stonewood Dr Suite 251 City City B. Calardini, Richard, F.r., Mailing Address 7000 Stonewood Dr Suite 251 City B. Calardini, Richard, F.r., Mailing Address 7000 Stonewood Dr Suite 251 City B. Calardini, Richard, F.r., Mailing Address 7000 Stonewood Dr Suite 251 City Date of Receipt Mis Period Pecify Tor Individual) DRC Arrows, Matthew, . , . Mailing Address 4808 Broadmoor SE City Colare Specify Paint Diate of Receipt Mis Period Colare Specify Paint Other (specify) * Colaredin, Cor Individua		Detailed Summary Page X 11a 11b 11c 12 mation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee To purpose of soliciting contributions from such committee Corr COMMITTEE (in Full) Ith Underwriters Political Action Committee Inth Underwriters Political Action Committee Date of Receipt ame of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt ame of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt ame of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt ame of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt ame of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt ame of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt ame of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt ame of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt ame of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt ame of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt of Emp						
A. Mailing Address 25B Hanover Road Suite 220 Date of Feceipt Oily State ZIP Code Florham Park NJ 07932:1443 FEC ID number of contributing federal political committee. C Amount of Each Receipt file Name of Employer (tor Individual) Servicy Associates Occupation (tor Individual) Servicy Associates Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt B. Galardini, Richard, F., , Mailing Address 7000 Stonewood Dr Suite 251 State Zip Code Transaction ID:: 10837716 FEC ID number of contributing federal political committee. C Transaction ID:: 10837716 Transaction ID:: 10837716 Name of Employer (tor Individual) (RG Advieos, LLC C C Transaction ID:: 10837716 Receipt For: Primary General Occupation (tor Individual) C Name of Individual (Last, First, Middle Initial) or Full Organization Name C Graves, Matthew, , , Date of Receipt Receipt For: Primary General Occupation (tor Individual) C Transaction ID: 10837716 Receipt For: General Occupation (tor Individual) Occupatio		al Action Com	mittee					
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federal political committee. 0 0000 Name of Employer (for Individual) Savoy Associates Cocupation (for Individual) Senior Account Executive Memo Item Receipt For: B. Galardini, Richard, F., Mailing Address 7000 Stonewood Dr Suite 251 Aggregate Year-to-Date ▼ Date of Receipt City Wexford State PA Zp Code PA Togo / 08 / 2016 Name of Employer (for Individual) JGG Advisos, LLC Cocupation (for Individual) Chairman & CEO Aggregate Year-to-Date ▼ Receipt For: City City General City C Cocupation (for Individual) Chairman & CEO Date of Receipt Receipt For: City General City Occupation (for Individual) City Occupation Name Date of Receipt City Grand Rapids Mill 49212-5306 Transaction ID : 10837716 Receipt For: City State Zip Code Milling Address 4808 Broadmoor SE Aggregate Year-to-Date ▼ City State Zip Code Milling Address 4808 Broadmoor SE Milling Address 4808 Broadmoor SE Aggregate Year-to-Date ▼ City State Zip Code Milling Address 4808 Broadmoor SE Aggregate Year-to-Date ▼ Memo Item Name of Employer (for Individual) Lighthouse Insurance Group Aggregate Year-to-	Florham Park	NJ	07932-1443	Amount o	f Each Rec	eipt this	s Period	
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Primary General Piglegate Teartor Date ▼ Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Galardini, Richard, F., . Mailing Address 7000 Stonewood Dr Date of Receipt City State Zip Code Transaction ID : 10837715 Wextord PA 15090-7376 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. Occupation (for Individual) Aggregate Year-to-Date ▼ Memo Item Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt City Mailing Address 4908 Broadmoor SE G73.00 Date of Receipt Transaction ID : 10837716 Receipt For: Aggregate Year-to-Date ▼ Memo Item Date of Receipt Transaction ID : 10837716 Mailing Address 4908 Broadmoor SE City State Zip Code Transaction ID : 10837716 Receipt For: City General Occupation (for Individual) Account Executive Amount of Each Receipt Image Sign of Sign				Mem	io Item			
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federal political committee. 0 84.00 Name of Employer (for Individual) JRG Advisors, LLC Occupation (for Individual) Chairman & CEO Memo Item Receipt For: Primary General 673.00 Date of Receipt C. Graves, Matthew, , , 673.00 Date of Receipt Mailing Address 4808 Broadmoor SE 09 08 2016 City State Zip Code Transaction ID : 10837716 Grand Rapids MI 49512-5306 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation (for Individual) Account Executive 30.00 Name of Employer (for Individual) Lighthouse Insurance Group Aggregate Year-to-Date ▼ Memo Item Primary General Occupation (for Individual) Account Executive Memo Item Primary General Other (specify) Aggregate Year-to-Date ▼ Image: State	Wexford	PA	15090-7376	Amount o	f Each Rec	eipt this	s Period	
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Crosby, Neil, R., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 32110 Agoura Road				м м 09	/	09	D / Y		Y
	City Westlake Village	State CA	Zip Code 91361-4026					1083783 Receipt th		_
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		85.0	00
	Name of Employer (for Individual) Warner Pacific Insurance Services		upation (for Individual) ctor of Sales		Me	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	1						
в.	Full Name of Individual (Last, First, Middle Initia Maichel, Scott, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 4180 La Jolla Village Drive Suite 450	Otata	Zin Oode		м м 09	/	09		2016	Y
	City La Jolla	State CA	Zip Code 92037-1472					1083783	i 9 his Period	
	FEC ID number of contributing federal political committee.	С							30.0	00
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]						
C.	Full Name of Individual (Last, First, Middle Initia Buechler, Anthony, C, ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1203 Colonial Circle				09 ^M	1	09		ү ү 2016	Y
	City Papillion	State NE	Zip Code 68046-6109	_				: 1083784 Receipt th	11 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, ,	30.0	00
	Name of Employer (for Individual) Buechler Insurance Services	Occu Brok	upation (for Individual) er		Me	emo	o Item			
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee							
A.	Full Name of Individual (Last, First, Middle Initia Wong, William, W., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 43 Waverly Place				м м 09	1	D D 09	/ Y		Y
	City San Francisco	State CA	Zip Code 94108-2118							
	FEC ID number of contributing federal political committee.	С			<u> </u>				30.0	00
	Name of Employer (for Individual) Bill Wong & Associates	Occu Brok	upation (for Individual) ter		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]						
	Full Name of Individual (Last, First, Middle Initia Buffington, Tammy, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 3112 South 13th				м м 09	1	09	/ Y		Y
	City Lincoln	State NE	Zip Code 68502-4514	-						
	FEC ID number of contributing federal political committee.	С				U				00
	Name of Employer (for Individual) A+ Brokerage	Occi Age	upation (for Individual) nt		Me	emc	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00]						
	Full Name of Individual (Last, First, Middle Initia Snowden, Scott, D., ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 812 Lyndon Lane, Suite 101				09 ^M	1	09	/ Y		Y
	City Louisville	State KY	Zip Code 40222-3844							
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	30.0	00
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occu Brok	upation (for Individual) er		Me	emo	ttem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]						
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	145.0	00
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SCHEDULE A (FEC Form 3X) -

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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee							
	Full Name of Individual (Last, First, Middle Initia Baer, Farren, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 402 Pitt Street				^M 09	/	09) / Y	ү ү 2016	Ŷ
	City Fredericksburg	State VA	Zip Code 22401-3631					1083785 Receipt th		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		30.	.00
	Name of Employer (for Individual) NAHU		upation (for Individual) President		M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]						
	Full Name of Individual (Last, First, Middle Initia Sklar, Erika, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 1415 Walton Blvd				м м 09	/	10) / Y	2016	Y
	City Rochester Hills	State MI	Zip Code 48309-1775	-				1083791 Receipt th		
	FEC ID number of contributing federal political committee.	С							42.	_
	Name of Employer (for Individual) Fim Crawford Insurance Agency, Inc.	Occi Brol	upation (for Individual) ker		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 511.00							
	Full Name of Individual (Last, First, Middle Initia Weilmuenster, Alexis, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 585 Grove St Suite 145 City	State	Zip Code		09 T rend		10		2016	Ŷ
-	Herndon	VA	20170-4791					1083791 Receipt th		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, <u>,</u>	30.	.00
	Name of Employer (for Individual) Gallagher Benefit Services	Occu Brok	upation (for Individual) xer		М	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]						
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			Detailed Summary Page	×	-		11b		11c	12	<u> </u>
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\	AME OF COMMITTEE (In Full) lealth Underwriters Political Action	on Comı	mittee								
A	ull Name of Individual (Last, First, Middle Initia Ashby, Thomas, F., ,	l) or Full Or	rganization Name		Date of	f Re	ceipt	t			
	ailing Address P. O. Box 70				м м 09			D 11	/ Y	ү ү 2016	Y
Ci Z	ity Iirconia	State NC	Zip Code 28790-0070						083792	4 is Period	-
	EC ID number of contributing deral political committee.	С					T				.00
Se	ame of Employer (for Individual) enior Healthcare Solutions, Inc.	Occu Brok	ipation (for Individual) er		M	emo	b Iten	n			
R	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 240.00								
в. <u>_</u> S	ull Name of Individual (Last, First, Middle Initia Sterner, Heidi, J., ,	l) or Full Or	rganization Name		Date of		ceipt	t	_		
_	ailing Address 7881 Sw Charleston Blvd				м м 09	/		D 11	/ Y	2016	Y
Ci La	ity as Vegas	State NV	Zip Code 89117-8323						083792	5 is Period	- t
	EC ID number of contributing deral political committee.	С									.00
	ame of Employer (for Individual) GBS		upation (for Individual) rance Consultant		M	emo	b Iten	n			
R	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 555.00	1							
	ull Name of Individual (Last, First, Middle Initia Lee, Kelli, , ,	l) or Full Or	ganization Name		Date of	f Re	ceipt	t			
_	ailing Address P.O. Box 244065				м м 09	1		D 11	/ Y	2016	Y
Ci	ity Anchorage	State AK	Zip Code 99524-4065						083793 ceipt thi	is Period	1
	EC ID number of contributing deral political committee.	С				-	J		,		.00
A	ame of Employer (for Individual) AHU		upation (for Individual) sutive Director		Μ	emc	o Iten	n			
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00								
SUE	TOTAL of Receipts This Page (optional)		····· •		-	-	9		5	90	.00
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		_	11a 13		11b 14		11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				l fo	r the		oose		soliciting	g contribu	utions
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	imittee									
Α.	Full Name of Individual (Last, First, Middle Initia Stewart, Diana, , , Mailing Address 500 W. 36th Avenue	al) or Full O	organization Name		Di	ate of	Re	ceip	ot D	/ Y	- Y - Y	Y
	Suite 300 City Anchorage	State AK	Zip Code 99503-5805							083793		
	FEC ID number of contributing federal political committee.	C			Ar	nount	: of	Eac	n Re	ceipt th	nis Perioo 30	.00
	Name of Employer (for Individual) Digital Insurance, Inc. Receipt For: Primary General	Sr. /	upation (for Individual) Acct Mgr Year-to-Date ▼		1	M	emo	lter	n			
	Other (specify) ▼		210.0	00								
в.	Full Name of Individual (Last, First, Middle Initia Wolfe, Rosanne, , , Mailing Address PO Box 17236	al) or Full O	Organization Name		Da	ate of	[:] Re	ceip	ot 12	/ Y	2016	Y
	City Tucson FEC ID number of contributing	State AZ	Zip Code 85731-7236							083795 ceipt th	nis Perioo	_
	federal political committee. Name of Employer (for Individual) Wolfe Insurance & Consultants, LLC	C Occu Bro	upation (for Individual)		Ē	M	emo	Iter	n	- 45-	30	.00
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 695.	00								
C.	Full Name of Individual (Last, First, Middle Initia Johnson, David, S., ,	al) or Full O	Organization Name		Da	ate of	Re	ceip	t			
	Mailing Address 12138 Big Canoe	State	Zip Code		L	09 Trans	/	L	12 12	/ Y 083795	2016	Y
	Big Canoe	GA	30143-5157								nis Period	ł
	FEC ID number of contributing federal political committee.	С			Ę			9	_	y	100	.00
	Name of Employer (for Individual) David S. Johnson Insurance Receipt For:	Brok			ľ	M	emo	ltei	n			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1050.	00								
s	UBTOTAL of Receipts This Page (optional)			······ •				9		,	160	.00
т	OTAL This Period (last page this line number o	nly)		••••••				-				

SCHEDULE A (FEC Form 3X) -

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11	EIVILLED REGEIFIJ		for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>
	y information copied from such Reports and S for commercial purposes, other than using the									
		name and a	duress of any political committee			uno	utions	rom suc	n commu	ee.
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee							
Α.	Full Name of Individual (Last, First, Middle Init Holley, Greg, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 1135 E 33rd Place				м м 09	/	12) / Y	ү ү 2016	Y
	City Tulsa	State OK	Zip Code 74105-2501					1083795 Receipt th	58 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>				12.0	00
	Name of Employer (for Individual) Flex Plan Administrators	Occi Part	upation (for Individual) ner		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 311.00	1						
в.	Full Name of Individual (Last, First, Middle Init Girdler, Richard, R., ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 5110 Maryland Way, Suite 250				м м 09	1	12) / Y	2016	Y
	City Brentwood	State TN	Zip Code 37027-7508					1083796 Receipt th	i 1 his Period	
	FEC ID number of contributing federal political committee.	С							125.0	00
	Name of Employer (for Individual) Cowan, a Division of HUB International	Occ Bro	upation (for Individual) ker		Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		950.00]						
с.	Full Name of Individual (Last, First, Middle Init Buza, Raymond, F., ,	ial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 214 East Lakewood Road				^M 09	/	D 12		2016	Y
	City West Palm Beach	State FL	Zip Code 33405-3316	_				1083796 Receipt th	67 nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,	30.0	00
	Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I	Occi Brok	upation (for Individual) er		Me	emo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1						
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	167.0	00
т	OTAL This Period (last page this line number of	only)		•						

SCHEDULE A (FEC Form 3X) _____

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I LIVILLED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee	
Full Name of Individual (Last, First, Mid Banchy, Kate, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4233 Southtowne Drive	· · · · · · · · · · · · · · · · · · ·		09 12 2016
City Eau Claire	State WI	Zip Code 54701-2652	Transaction ID : 10837969 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Spectrum Insurance Group	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]
Full Name of Individual (Last, First, Mid B. Peter, Todd, E., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 952 Jefferson			09 / Y Y Y Y 2016
City Kerrville	State TX	Zip Code 78028-4626	Transaction ID : 10838002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Benefit Solutions		upation (for Individual) ner & Principal	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, Mid C. Schneider, JoEllen, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1818 W State St			09 13 2016
City Boise	State ID	Zip Code 83702-3955	Transaction ID : 10838139 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Insurance Professionals, Inc.	Occi Owr	upation (for Individual) ner	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]
SUBTOTAL of Receipts This Page (option	nal)		310.00
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	y information copied from such Reports and S for commercial purposes, other than using the											
<u> </u>	NAME OF COMMITTEE (In Full)											
\rangle	Health Underwriters Political Ac	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Init Schiebel, AI, C., ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 200 Sandy Springs Pl., # 300A	\			09	1		13	/ Y) 16	Y
	City	State	Zip Code		Trans	acti	ion II	D:1	083814	4		
	Atlanta	GA	30328-3854	/	Amount	of	Each	n Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					Ţ.		-95-	_	45.0	0
	Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben	Occi Broł	upation (for Individual) ker		M	emc	b Iten	n				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		405.00									
	Full Name of Individual (Last, First, Middle Init Petter, Patricia, M., ,	ial) or Full O	rganization Name		Date of	Re	eceipt	:				
	Mailing Address 2001 Lake Point Way				м м 09	/		D 13	/ Y	ү 20	ү 16	Y
	City	State	Zip Code		Trans	acti	ion II):1	083816	0		
	Louisville	KY	40223-4221	/	Amount	t of	Each	n Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					-y		- 190	_	150.0	0
	Name of Employer (for Individual) MedLink dba AgentLink	Occ	upation (for Individual) ker		M	emc	b Iten	n				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 300.00									
	Full Name of Individual (Last, First, Middle Init Halliburton, Sandra, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt	:				
	Mailing Address 521 Barret Avenue				^M 09	1		D 13	/ Y		16	Y
	City	State	Zip Code						083816			
	Louisville	KY	40204-1139	/	Amount	of	Each	n Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					y		y	_	365.0	0
	Name of Employer (for Individual) Green & Halliburton, Inc.	Occi Brok	upation (for Individual) ker		M	emo	o Iten	n				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)	L	365.00									
S	UBTOTAL of Receipts This Page (optional)			•			y		,		560.0	0
т	OTAL This Period (last page this line number of	only)					-					

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			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □									
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	ction Com	mittee										
A.	Full Name of Individual (Last, First, Middle In Green, J. J., , ,	itial) or Full C	organization Name	Date of Receipt									
	Mailing Address 1219 W. 2nd St.			09 / D D / Y Y Y Y 2016									
	City Grand Island	State NE	Zip Code 68801-5709	Transaction ID : 10838276									
			00001-3703	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Primark, Inc.	Occ Bro	upation (for Individual) ker	Memo Item									
	Receipt For:	Aggregate	Year-to-Date V										
	Other (specify) ▼		270.00]									
в.	Full Name of Individual (Last, First, Middle In Smith, Kevin, W., ,	itial) or Full C	Organization Name	Date of Receipt									
	Mailing Address 2000 RiverEdge Parkway Suite 1010			09 13 / Y Y Y Y									
	City	State	Zip Code	Transaction ID : 10838307									
	Sandy Springs	GA	30328-4657	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer (for Individual) KSA Insurance Agency, LLC	Occ Bro	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]									
<u>с.</u>	Full Name of Individual (Last, First, Middle In Smith, Kevin, W., ,	itial) or Full C	Prganization Name	Date of Receipt									
	Mailing Address 2000 RiverEdge Parkway Suite 1010			09 / 13 / Y Y Y Y 2016									
	City Sandy Springs	State GA	Zip Code 30328-4657	Transaction ID : 10838310									
	FEC ID number of contributing	С	30320-4037	Amount of Each Receipt this Period									
	federal political committee.	•											
	Name of Employer (for Individual) KSA Insurance Agency, LLC	Occ Brok	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]									
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	y information copied from such Reports and S for commercial purposes, other than using the							po				cont		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac													
Α.	Full Name of Individual (Last, First, Middle Init Scott, John, Thomas, , Mailing Address 11000 Milestone Drive	tial) or Full O	Drgar	nization Name		Date of	F Re	ece	eipt D C		/ Y	ү 20 ²	16	
	City Mechanicsville	State VA		Zip Code 23116-5846		Trans Amount					83836 eipt th		eriod	-
	FEC ID number of contributing federal political committee.	С						,		_	- y		30.00)
	Name of Employer (for Individual) Experient Health-A-Farm Bureau Company Receipt For: Primary General Other (specify) ▼	Brol	ker	ion (for Individual) Ir-to-Date ▼ 270.00		M	emc	o l	tem					
	Full Name of Individual (Last, First, Middle Init Abrams, Daniel, H., , Mailing Address 30012 Ivy Glenn, #270	tial) or Full O	Drgar	nization Name	_	Date of	f Re	ece	D D	- 1	/ Y		Y	
	City Laguna Niguel FEC ID number of contributing federal political committee.	State CA	_	Zip Code 92677-5020		09 Trans Amount				10	839512	is Pe	_)
	Name of Employer (for Individual) Abrams California Health Insurance Age	Occ Bro	•	tion (for Individual)		M	emc	o I	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ır-to-Date ▼ 1000.00										
	Full Name of Individual (Last, First, Middle Init Stevenson, Kenneth, Thomas, ,	tial) or Full O	Drgai	nization Name		Date of	Re	ece	•					
	Mailing Address 3131 Lonnbladh Road	State		Zip Code	_	09			15			201	16	
	City Tallahassee	FL		32308-4255		Amount					083987 eipt th		eriod	
	FEC ID number of contributing federal political committee.	С						,		_	y		50.00)
	Name of Employer (for Individual) Earl Bacon Agency	Occi Brok	•	ion (for Individual)		M	emo	οI	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	rr-to-Date ▼ 513.00										
s	UBTOTAL of Receipts This Page (optional)			•	•			,	-		9	1(080.00)
Т	OTAL This Period (last page this line number	only)						_	_					

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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				Detailed Summary Page	×	11a		11b		11c	12	
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	y information copied from such Reports and Sta for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full)	•										
/	Health Underwriters Political Acti	on Com	nmi	ttee								
Α.	Full Name of Individual (Last, First, Middle Initia Gant, Tom, , ,	l) or Full O	Drgar	nization Name	1	Date of	Re	ceipt	t			
	Mailing Address 100 North Weinbach Avenue				- '	M = M	110	<u> </u>	- D		vv	V
						09	Ľ		15	, .	2016	
	City	State		Zip Code		Trans	acti	ion II	D : 10	83987	4	
	Evansville	IN		47711-6006	/	Amount	of	Each	n Red	eipt th	is Period	
	FEC ID number of contributing federal political committee.	С						7		-9	42.	00
	Name of Employer (for Individual)		•	ion (for Individual)		M	emo	lterr	n			
	Schultheis Life & Health Agency Receipt For:	Age			_							
	Primary General	Aggregate	Yea	r-to-Date ▼								
	Other (specify)		-	343.00								
в.	Full Name of Individual (Last, First, Middle Initia Weinstein, Joshua, , ,	l) or Full O	Drgar	nization Name	[Date of	Re	ceipt	t			
	Mailing Address 3111 C St. Suite 500					м м 09	1		15	/ Y	2016	Y
	City	State		Zip Code		Trans	acti	ion IE	D : 10	83987	5	
	Anchorage	AK		99503-3973	/	Amount	of	Each	n Red	eipt th	is Period	
	FEC ID number of contributing federal political committee.	С						-		-j=	30.	00
	Name of Employer (for Individual) Northrim Benefits Group	Occi Brol	•	ion (for Individual)		M	emo	lten	n			
	Receipt For:	Aggregate	Yea	r-to-Date ▼								
	Primary General Other (specify) ▼		,	, 525.00								
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	Drgar	nization Name								
C.	Reid, Krys, , , Mailing Address 582 Lynnhaven Parkway, #200					Date of	'Re	D	D 15	/ Y	2016	Y
	City	State		Zip Code		Trans	acti	ion II	D : 10	083987	9	
	Virginia Beach	VA		23452-7386	A						is Period	
	FEC ID number of contributing federal political committee.	С						9		y	1000.	00
	Name of Employer (for Individual)	Occi	unat	ion (for Individual)	_	М	emc) Iten	n			
	Tower Benefit Consultants, Inc.	Brok	•									
	Receipt For:	Aggregate	Yea	r-to-Date ▼								
	Primary General	.99.094.0			11.							
	Other (specify)	L	- y -	1000.00	4							
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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				Detailed Summary Page	×	11a		11	b	11c	12	
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	y information copied from such Reports and S for commercial purposes, other than using the											
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmi	ttee								
۹.	Full Name of Individual (Last, First, Middle Ini Hynes, Bernard, J., ,	,	Drgar	ization Name		Date of	Re	ecei	ipt			
	Mailing Address 2999 N. 44th Street Suite 325					м м 09	/		D D D 16	/ Y	2016	Y
	City Phoenix	State AZ		Zip Code 85018-7259				-		084029		
	FEC ID number of contributing federal political committee.	С				Amoun		Ea	ich Re	ceipt th	iis Peric	u).00
	Name of Employer (for Individual) Hynes Benefits Consulting, LLC		upat ncipa	ion (for Individual) I		M	emo) Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 270.00								
	Full Name of Individual (Last, First, Middle Ini Waren, M. Hughes, , ,	tial) or Full C	Drgar	nization Name		Date of	Re	ecei	ipt			
	Mailing Address P.O. Box 7661					м м 09	/		D D 16	/ Y	2016	Y
	City Wilmington	State NC		Zip Code 28406-7661				-		084030	-	d
	FEC ID number of contributing federal political committee.	С				Amoun		J		, eipt til	iis Peric 30	0.00
	Name of Employer (for Individual) Ebenconcepts, Inc.	Occ Bro	•	ion (for Individual)		M	emo) Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 320.00]							
<u></u> с.	Full Name of Individual (Last, First, Middle Ini Hartmann, Chris, , ,	tial) or Full C	Drgar	ization Name		Date of	Re	ecei	ipt			
	Mailing Address 1212 New York Ave, Suite 11	00				^M 09	/	ľ	16	/ Y	2016	Y
	City	State DC		Zip Code						084031		
	Washington FEC ID number of contributing federal political committee.	C		20005-3987	/	Amoun	t of	Ea	ich Re	ceipt th	iis Peric 100	d).00
	Name of Employer (for Individual) NAHU	Occustaff	•	ion (for Individual)		М	emc	o Ite	em			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1000.00	1							
s	UBTOTAL of Receipts This Page (optional)			_	.						1060).00
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 29 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	for commercial purposes, other than using the			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee	
Α.		tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 8596 W Bolsa Ct.			09 / 16 / Y Y Y Y
	City Boise	State ID	Zip Code 83709-5196	Transaction ID : 10840395 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) T.A. Shores Inc.	Occ Bro	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]
в.	Full Name of Individual (Last, First, Middle Ini Brooks, Mark, , ,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address P. O. Box 10876			09 / Y Y Y Y 09 17 2016
	City Lynchburg	State VA	Zip Code 24506-0876	Transaction ID : 10840446 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Personal Design Financial Services, In		upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]
С.	Full Name of Individual (Last, First, Middle Ini Lujan, Michael, D., ,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 645 Harrison Street #200			09 / D D / Y Y Y Y 09 17 2016
	City San Francisco	State CA	Zip Code 94107-3624	Transaction ID : 10840447 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) Limelight Health, Inc. Receipt For:	Tec	upation (for Individual) hnology for Agents	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00]
s	UBTOTAL of Receipts This Page (optional)			157.00
т	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 30 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle Tompkins, Daniel, R., , Mailing Address 1720 Windward Concourse Suite 290 City Alpharetta FEC ID number of contributing federal political committee. Name of Employer (for Individual) Admin America, Inc. Receipt For: Primary General Other (specify) ▼	e GA C Occ Brol	Zip Code 30005-2291 upation (for Individual)	Date of Receipt
Full Name of Individual (Last, First, Middle Purcilly, Amy, , , Mailing Address PO Box 7028 City Troy FEC ID number of contributing federal political committee.	e Initial) or Full C State MI	Zip Code 48007-7028	Date of Receipt 09 17 2016 Transaction ID : 10840450 Amount of Each Receipt this Period 30.00
Name of Employer (for Individual) Mason-McBride, Inc. Receipt For: Primary General Other (specify) ▼	Bro	upation (for Individual) ker Year-to-Date ▼ 445.00	Memo Item
Full Name of Individual (Last, First, Middle Hyland Ziegler, Catherine, , , Mailing Address 2001 Route 46 , Suite 310	State	Zip Code	Date of Receipt 09 / 17 / 2016 Transaction ID : 10840453
Parsippany FEC ID number of contributing federal political committee. Name of Employer (for Individual) The Hyland Group, Inc. Receipt For: Primary General Other (specify)	Brok	07054-1315 upation (for Individual) ker Year-to-Date ▼ 378.00	Amount of Each Receipt this Period 42.00 Memo Item
SUBTOTAL of Receipts This Page (optional))	••••••	157.00
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PAGE 31 OF

ITEMIZED RECEIF 13		Detailed Summary Page	×	11a		11b		11c		12	
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Any information copied from such Report or for commercial purposes, other than u											
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee									
Full Name of Individual (Last, First, Mi A. Blomgren, Laura, , ,	ddle Initial) or Full C	rganization Name		Date of	Re	eceipt					
Mailing Address 935 National Parkway Suite 93550				м м 09	1	D 1		/ Y)16	Y
City Schaumburg	State IL	Zip Code 60173-5150		Trans Amount		-		084045 ceipt th		eriod	
FEC ID number of contributing federal political committee.	C							- -	_	30.0	0
Name of Employer (for Individual) BenAxis Inc.	Occ Bro	upation (for Individual) ker		M	emo) Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 580.00]								
Full Name of Individual (Last, First, Mi B. Guzman, Wayne, , ,	ddle Initial) or Full C	rganization Name		Date of	Re	eceipt					
Mailing Address 8670 Dresden Court				м м 09	/	D 1		/ Y	20	ү 16	Y
City Rancho Cucamonga	State CA	Zip Code 91701-1921		Trans Amount				084045 ceipt th		eriod	
FEC ID number of contributing federal political committee.	C			<u> </u>				-9	_	30.0	0
Name of Employer (for Individual) Her Vision Insurance Solutions	Occ Bro	upation (for Individual) ker		M	emo	tem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00]								
Full Name of Individual (Last, First, Mi C. Cogdill, Barry, , ,	ddle Initial) or Full C	rganization Name		Date of	Re	eceipt					
Mailing Address 4710 4th Street Ste. 300				^M 09	1	D 1	в В	/ Y		16	Y
City La Mesa	State CA	Zip Code 91941-5384		Trans Amount				084045 ceipt th		eriod	
FEC ID number of contributing federal political committee.	C			<u> </u>		,		9	_	30.0	0
Name of Employer (for Individual) Business Choice Insurance Services Receipt For:	Pres	upation (for Individual) sident		M	emc	o Item					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]								
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PAGE 32 OF

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	JAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee								
	Full Name of Individual (Last, First, Middle Init Trevino, Terrie, L., ,	tial) or Full O	rganization Name		Date o	of Re	ece	eipt			
N	Aailing Address P O Box 7408				M 09	1	′	D D 18	/ Y	2016	Y
	City Boise	State ID	Zip Code 83707-1408	_					1084046	61 his Perio	d
	EC ID number of contributing ederal political committee.	С					Le				2.00
	Name of Employer (for Individual) Blue Cross of Idaho	Occi Brol	upation (for Individual) ker		N	lemo	o It	tem			
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00]							
	Full Name of Individual (Last, First, Middle Init Fitzgerald, Robert, Mark, ,	tial) or Full O	rganization Name		Date o	of Re	ece	eipt			
N	Aailing Address 2842 Landing Way				M 09	/		D D 18	/ Y	2016	Y
	City Marietta	State GA	Zip Code 30066-2362						1084046 eceipt th	52 his Perio	d
	EC ID number of contributing ederal political committee.	С			Ē		-			85	5.00
	Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In	Occ Bro	upation (for Individual) ker		N	1ema	o It	tem			
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 890.00								
	Full Name of Individual (Last, First, Middle Init Riley, Mark, , ,	tial) or Full O	rganization Name		Date o	of Re	ece	eipt			
Ν	Aailing Address PO Box 1635				^M 09	/	′	D D 18	/ Y	2016	Y
	Dity Irmo	State SC	Zip Code 29063-1635						1084040 eceipt th	65 his Perio	d
	EC ID number of contributing ederal political committee.	С					y		. y	100).00
A	Name of Employer (for Individual) American Benefit Services, LLC	Occi Brok	upation (for Individual) ker		N	/lemo	o It	tem			
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00]							
su	BTOTAL of Receipts This Page (optional)			• -			9		,	227	.00
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SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mide A. Pierce, Jeffrey, L., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pierce, Jeffrey, L., ,										
Mailing Address 730 Manzano	Mailing Address 730 Manzano										
City Wolverine Lake	State MI	Zip Code 48390-2029	Transaction ID : 10840471 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Healthwize Insurance Agency											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1								
B. Johnson, Sandra, , ,											
Mailing Address 12500 Network Blvd, # 4	09 19 2016										
City San Antonio	State TX	Zip Code 78249-3310	Transaction ID : 10840483 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	30.00									
Name of Employer (for Individual) Hairston, Johnson & Associates, PLLC	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]								
Full Name of Individual (Last, First, Mide C. Grooms, Christine, M., ,	Date of Receipt										
Mailing Address 160 East Main Street P O Box 638	P O Box 638										
City Lake Zurich	IL	Zip Code 60047-2418	Transaction ID : 10840485 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		12.00								
Name of Employer (for Individual) Grooms Insurance Associates	Occi Brok	upation (for Individual) ser	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 333.00	1								
SUBTOTAL of Receipts This Page (option	al)		72.00								
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)										
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee											
Full Name of Individual (Last, First, Midd A. VanPutten, Denise, R., ,	le Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 625 Kenmoor Ave			09										
City Grand Rapids	State MI	Zip Code 49546-2395	Transac Amount of		_								
FEC ID number of contributing federal political committee.	С			30.00									
Name of Employer (for Individual) HUB International	Occi Brol	upation (for Individual) Ker	Mem	o Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00											
Full Name of Individual (Last, First, Midd B. Mulvaney, William, M., ,	Date of R	eceipt											
Mailing Address 935 National Parkway Suite 93550	Aailing Address 935 National Parkway			09 19 2016									
City Schaumburg	State IL	Zip Code 60173-5150		tion ID : 1084048 f Each Receipt th									
FEC ID number of contributing federal political committee.	С				25.0	00							
Name of Employer (for Individual) BenAxis, Inc.	upation (for Individual) ker	Mem	o Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00											
Full Name of Individual (Last, First, Midd C. Pittman, Joseph, E., ,	le Initial) or Full O	rganization Name	Date of R	eceipt									
Mailing Address P O Box 24133				/ D D / Y 19	2016	Y							
City Omaha	State NE	Zip Code 68124-0133		tion ID : 1084048 f Each Receipt th									
FEC ID number of contributing federal political committee.	C			y y	35.0	00							
Name of Employer (for Individual) Creative Association Management	Occi Brok	upation (for Individual) er	Mem	o Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 315.00											
SUBTOTAL of Receipts This Page (option	al)			, ,	90.0	0							
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	NAME OF COMMITTEE (In Full)		deress of any pointed commute												
\rangle	Health Underwriters Political Act	ion Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mann, William, D., ,				Date of Receipt										
	Mailing Address PO Box 691967					09 20 Y Y Y Y 2016									
	City Houston	State TX	Zip Code 77269-1967					1084055 Receipt th	51 nis Period						
	FEC ID number of contributing federal political committee.	C							42.0	00					
	Name of Employer (for Individual)Occupation (for Individual)The Compliance OfficeCEO					emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate													
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Ingrid, L., ,					Re	eceipt								
	Mailing Address 3857 Grand Oak Drive						09 20 2016								
	City	State	Zip Code 44212-3594					1084055							
	Brunswick	OH		Amount	t of	Each F	Receipt th	nis Period							
	FEC ID number of contributing federal political committee.	C		Ľ.	_			30.0	00						
	Name of Employer (for Individual) Ameritas	upation (for Individual) ker		Me	emo	tem									
	Receipt For:	Year-to-Date ▼													
	Primary General Other (specify) ▼														
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Thompson, Hillary, , ,					Re	eceipt								
	Mailing Address 13800 Jackson Rd					1	D 20		2016	Y					
	City Mishawaka	State IN	Zip Code 46544-9195	Transaction ID : 1084245 Amount of Each Receipt th											
	FEC ID number of contributing federal political committee.	C					y .	7	150.0	00					
	Name of Employer (for Individual) Keystone Insurer's Group	Occu Brok	upation (for Individual) er		M	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate]												
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	222.0	00					
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	y information copied from such Reports and St for commercial purposes, other than using the																
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee														
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Casinelli, Patrick, , ,					Date of Receipt											
	Mailing Address 450 B St # 1800						09 / D D / Y Y Y Y 2016										
	City San Diego	State CA	Transaction ID : 10842461 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 63.00														
	Name of Employer (for Individual) Cavignac & Associates	Occ Prin		Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 567	7.00]												
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ritter, William, L., ,					Date of Receipt											
	Mailing Address 138 W. Main Street, Suite 200					09 21 2016											
	City Williamston	State NC	Zip Code 27892-2490			Transaction ID : 10842463 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C					50.00										
	Name of Employer (for Individual) Triangle Planning Services, Inc.	Occ Bro	Memo Item														
	Receipt For: Primary General Other (specify) ▼	Aggregate															
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sautter, Robert, E., ,					Date of Receipt											
	Mailing Address 6330 S 3000 E, Suite 670						09 21 Y Y Y Y 21 2016										
	City Salt Lake City	State UT	Zip Code 84121-6234		Transaction ID : 10842464 Amount of Each Receipt this Per						eriod						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period													
	Name of Employer (for Individual) Gallagher Benefit Services		upation (for Individual) nt Adviser		M	lemc	o Ite	əm									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 240														
s	UBTOTAL of Receipts This Page (optional)			····· ►		-		9		9		143.0	0				
Т	OTAL This Period (last page this line number c	only)					_	7	_		_	-					
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			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	tions		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initia Willison, Clover Denise, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 355 Sprowel Creek Rd				м м 09	/	D 21) / Y	2016	Y		
	City Garberville	State CA	Zip Code 95542-3110					1084246 Receipt th	i 6 his Period			
	FEC ID number of contributing federal political committee.	С					-		85.	00		
	Name of Employer (for Individual) Willison Insurance	Occu Brok	upation (for Individual) ker		M	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]								
в.	Full Name of Individual (Last, First, Middle Initia Miller, Kyle, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 9607 Scotsmoor Drive				м м 09	/	21) / Y	y y 2016	Ŷ		
	City Caledonia	State MI	Zip Code 49316-7553				-	1084247 Receipt th	o nis Period			
	FEC ID number of contributing federal political committee.	С							30.	_		
	Name of Employer (for Individual) Aspire Benefit Group	Occi Brol	upation (for Individual) ker		M	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]								
с.	Full Name of Individual (Last, First, Middle Initia Thompson, Hillary, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 13800 Jackson Rd				^M 09	1	D 21		2016	Y		
	City Mishawaka	State IN	Zip Code 46544-9195					1084248 Receipt th	33 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	. ,	12.	00		
	Name of Employer (for Individual) Keystone Insurer's Group	Occu Brok	upation (for Individual) ker		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 72.00	1								
	UBTOTAL of Receipts This Page (optional)					_	, . , .	5	127.	00		
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ILEINILED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)		duress of any political committee									
Health Underwriters Politi	cal Action Com	mittee									
Full Name of Individual (Last, First, M Goodman, Robert, Hiram, ,	,	rganization Name	Date of Receipt								
Mailing Address 1901 6th Avenue Nor Suite 1720	1		09 22 2016								
City Birmingham	State AL	Zip Code 35203-2618	Transaction ID : 10842550 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) Regions Insurance Group	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	Member Contribution								
Full Name of Individual (Last, First, M B. Fusco, Joan, A., , Mailing Address, 255 Harrison B.J. 20		rganization Name	Date of Receipt								
Mailing Address 25B Hanover Rd., Su	State	Zip Code	09 22 2016								
Florham Park	NJ	07932-1443	Transaction ID : 10842552 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		50.00								
Name of Employer (for Individual) Savoy Associates	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		450.00]								
Full Name of Individual (Last, First, M C. Henry, Thomas, L., ,		rganization Name	Date of Receipt								
Mailing Address 19310 Sonoma High	-	The Oakle	09 / D D / Y Y Y Y 2016								
City Sonoma	State CA	Zip Code 95476-5454	Transaction ID : 10842553 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) RealCare Insurance Marketing, Inc.	Occ Broł	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00]								
SUBTOTAL of Receipts This Page (opt	ional)		165.00								
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_	Full Name of Individual (Last, First, Middle Init	ial) or Full C	rgar	nization Name		Date of Receipt											
Α.	Bergsma, Lori, , ,				_			ec	eipt	_							
	Mailing Address Balanced Rock Insurance					09	1 /	′	D D D 22	/ Y	201						
	643 Canyon Drive	State		Zip Code	_		sact	tio	on ID : 1	08425	dia dia kaominina dia kaomi						
	Twin Falls	ID		83301-3014								riod					
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	Name of Employer (for Individual) Balanced Rock Insurance Agency, Inc.	Occ	•	ion (for Individual)		N	lemo	0	Item								
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В.	Full Name of Individual (Last, First, Middle Init Cagliola, David, A., ,	ial) or Full C)rgar	nization Name		Date o	of Re	ec	eipt								
	Mailing Address 1550 Liberty Ridge Drive Suite 250				09 / 22 / Y Y Y Y 2016												
	City	State		Zip Code		Tran	sacti	io	on ID : 1	084255	57						
	Chesterbrook	PA		19087-5567		Amour	nt of	E	Each Re	ceipt tl	nis Per	iod					
	FEC ID number of contributing federal political committee.	C						85.00									
	Name of Employer (for Individual) Radnor Benefits Group, Inc.		cupat oker	tion (for Individual)		N	lemo	0	Item								
	Receipt For:	Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify) ▼		,	765.00]												
С.	Full Name of Individual (Last, First, Middle Init Wild, Trei, , ,	ial) or Full C)rgar	nization Name		Date c	of Re	ec	eipt								
	Mailing Address 3724 Hearst Castle Way					^M 09	1 /	′	D D D 22	/ Y	2016		7				
	City	State		Zip Code		Tran	sact	tic	on ID : 1	08425	65						
	Plano	ТХ		75025-3719		Amour	nt of	E	Each Re	eceipt tl	nis Per	riod					
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	Name of Employer (for Individual)	Occ	upat	ion (for Individual)	-	Ν	/lemo	0	Item								
	Protect Plans	Brok	•														
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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or for commercial purposes, other than usi	ng the name and a	ddress of any political committee	e to soli	cit cor	ntrib	utions fr	rom such	1 committ	ee.							
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Full Name of Individual (Last, First, Mide Mathern, Donald, L., ,	dle Initial) or Full C	rganization Name	D	ate of	Re	ceipt										
Mailing Address 7650 Cherrywood Drive			09 22 2016													
City	State	Zip Code		Trans	acti	on ID:	1084256	6								
Boise	ID	83704-3541	A	mount	t of	Each R	eceipt th	is Period								
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Name of Employer (for Individual) Insurance Specialists	Occ Brol	upation (for Individual) ker	- [M	emo	Item										
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Primary General Other (specify) ▼		270.00	1													
Full Name of Individual (Last, First, Mide Wolff, DianaLou, , ,	dle Initial) or Full C	rganization Name		ate of	Re	ceipt										
Mailing Address 70 Maiden Lane 2nd Floor		09 / 22 / 2016														
City	State	Zip Code		Trans	acti	on ID : '	1084256	7								
Kingston	NY	12401-4508	A	mount	t of	Each R	eceipt th	is Period								
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Name of Employer (for Individual) Benefit Counseling Associates		Occupation (for Individual) Broker														
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Primary General Other (specify) ▼		270.00]													
Full Name of Individual (Last, First, Mid	dle Initial) or Full C	rganization Name														
Seibel, Ronald, E., , Mailing Address P. O. Box 317				ate of	/		/ Y	2016	Y							
City	State	Zip Code		Trans	acti	ion ID :	1084257	ʻ1								
Driftwood	ТХ	78619-0317	A	mount	t of	Each R	eceipt th	is Period								
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Advanced Benefits Solutions	Brok	,														
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Α.	Full Name of Individual (Last, First, Middle Init Klein, Randy, H., ,	ial) or Full O	rganization Name	D	ate of	Re	ceipt					
	Mailing Address 3555 Reserve Commons Dr				09	/	D 22		ү ү 2016	Y		
	City Medina	State OH	Zip Code 44256-5900					: 1084257 Receipt th				
	FEC ID number of contributing federal political committee.	С					7	-	30.	00		
	Name of Employer (for Individual) DS Benefits Group	Occu Brok	upation (for Individual) ker		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]								
В.	Full Name of Individual (Last, First, Middle Init Boaz, Daniel, J., ,	ial) or Full O	rganization Name	D	ate of	Re	ceipt					
	Mailing Address 5565 Roberts Drive Suite 100				м м 09	/	22		2016	Y		
	City Atlanta	State GA	Zip Code 30338-3350					1084257 Receipt th				
	FEC ID number of contributing federal political committee.	C							30.0	00		
	Name of Employer (for Individual) HealthLife Group, LLC	Occi Brol	upation (for Individual) ker	1	Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]								
с.	Full Name of Individual (Last, First, Middle Init Coburn, Richard, P., ,	ial) or Full O	rganization Name	D	ate of	Re	ceipt					
	Mailing Address 19 Minor Court				09	/	D 22		2016	Y		
	City San Rafael	State CA	Zip Code 94903-3716					: 1084257 Receipt th	77 nis Period			
	FEC ID number of contributing federal political committee.	С		ļ			y :	7	30.	00		
	Name of Employer (for Individual) The Word and Brown	Occu Brok	upation (for Individual) er		M	ema	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 445.00	1								
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$\Big)$	Health Underwriters Political Ac	tion Com	mittee									
Α.	Full Name of Individual (Last, First, Middle Init Jeffs, Deborah, , ,	ial) or Full O	organization Name		Date of	f Re	eceipt					
	Mailing Address 2458 Newport Blvd. Suite 205				м м 09	/	D 22		Y	ү ү 2016	Y	
	City Costa Mesa	State CA	Zip Code 92627-1316	_			ion ID Each			8 is Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-y 1		- J -	30.	00	
	Name of Employer (for Individual) Progressive Benefit Managers	Occu Brok	upation (for Individual) ker		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1								
в.	Full Name of Individual (Last, First, Middle Init Sale, Raymer, M., ,	ial) or Full O	organization Name		Date of	f Re	eceipt					
	Mailing Address 2905 Premiere Parkway Suite 285				м м 09	/	D 22		Y	2016	Y	
	City Duluth	State GA	Zip Code 30097-5246				ion ID Each) is Period		
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	Name of Employer (for Individual) E2E Benefits Services, Inc.	Occi Brol	upation (for Individual) ker		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1530.00]								
с.	Full Name of Individual (Last, First, Middle Init Griffey, Don, R., ,	ial) or Full O	organization Name		Date of	f Re	eceipt					
	Mailing Address 56294 Prim Rose Circle				м м 09	/	D 22		Y	2016	Y	
	City Elkhart	State IN	Zip Code 46516-1509				t ion ID Each			1 is Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		y	30.	00	
	Name of Employer (for Individual) Hailey-Campbell, Inc	Occupation (for Individual) Broker					o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	1								
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initia Lindstrom, Betty, J., ,	al) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address PO Box 4026				м м 09	/	D 10		y y 2016	Y		
	City Felton	State CA	Zip Code 95018-0349					1084258 Receipt th				
	FEC ID number of contributing federal political committee.	С							30.0			
	Name of Employer (for Individual) Lindstrom Insurance	Occu Brok	upation (for Individual) ker		M	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]								
B.	Full Name of Individual (Last, First, Middle Initia Ranf, Jeff, A., ,	al) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 3800 Centerpoint Drive Suite 540				м м 09	1	D 1 22		2016	Y		
	City Anchorage	State AK	Zip Code 99503-5826					1084258 Receipt th				
	FEC ID number of contributing federal political committee.	С							42.0	00		
	Name of Employer (for Individual) USI Insurance Services, LLC	Occi Brol	upation (for Individual) ker		M	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00]								
с.	Full Name of Individual (Last, First, Middle Initia Curtis, Justin, B., ,	al) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 3406 264th St NE				^M 09	1	D 22		2016	Y		
	City Arlington	State WA	Zip Code 98223-6007					: 1084258 Receipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,	30.0	00		
	Name of Employer (for Individual) Continental Benefits	Occu Direc	upation (for Individual) ctor		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1								
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee	
	Full Name of Individual (Last, First, Middle Initia Lindsay, Robert, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 220 Emerson Place			09 / D D / Y Y Y Y 22 2016
	City Davenport	State IA	Zip Code 52801-1624	Transaction ID : 10842589 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) Arthur J. Gallagher & Company	Occ Brol	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	
	Full Name of Individual (Last, First, Middle Initia Singleton, Terry, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 1773 Owasco Street			09 22 2016
	City Winter Springs	State FL	Zip Code 32708-5614	Transaction ID : 10842590 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		63.00
:	Name of Employer (for Individual) Sihle Insurance Group		upation (for Individual) tner	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 399.00	
С.	Full Name of Individual (Last, First, Middle Initia Jensen, Cerrina, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 2520 Venture Oaks Way #240			M M / D D / Y Y Y Y 09 22 2016
	City Sacramento	State CA	Zip Code 95833-4228	Transaction ID : 10842591 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) CoreMark Insurance Services Inc	Occ Brok	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 561.00	
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A.	Full Name of Individual (Last, First, Middle Init Brashears, Shawn, F., ,	ial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 1 Kelly Way				09	/	D 22		ү ү 2016	Y		
	City Sparks	State MD	Zip Code 21152-9484					1084259 Receipt th		d		
	FEC ID number of contributing federal political committee.	С			<u> </u>					0.00		
	Name of Employer (for Individual) Kelly & Associates Insurance Group		M	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00	1								
	Full Name of Individual (Last, First, Middle Init Webb, Charles, A., ,	ial) or Full O	organization Name		Date of	f Re	eceipt					
	Mailing Address 2670 Electric Rd				09	/	D 1 22		y y 2016	Y		
	City Roanoke	State VA	Zip Code 24018-3511		Transaction ID : 10842593 Amount of Each Receipt this Pe							
	FEC ID number of contributing federal political committee.	С			250.00							
	Name of Employer (for Individual) Innovative Insurance Group	Occ	upation (for Individual) ker		M	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]								
	Full Name of Individual (Last, First, Middle Initi Leavitt, Scott, A., ,	ial) or Full O	Prganization Name		Date of	f Re	eceipt					
	Mailing Address 12988 W. Paint Dr.				09	/	D 22		2016	Y		
	City Boise	State ID	Zip Code 83713-1947					1084259 Receipt th		d		
	FEC ID number of contributing federal political committee.	С			Ľ		y	,	30	0.00		
	Name of Employer (for Individual) Scott Leavitt Insurance	Occupation (for Individual) Broker					o Item					
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			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Midd A. Wilson, Thomas, R., ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 701 Lamar			09 23 2016							
City Wichita Falls	State TX	Zip Code 76301-6824	Transaction ID : 10843348 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Boley Featherston Insurance Agency	Occu Brok	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 760.00]							
Full Name of Individual (Last, First, Midd B. Knight, Ronald, David, ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address PO Box 507	State	Zip Code	09 / D D / Y Y Y Y 2016							
City Carrollton	GA	30112-0009	Transaction ID : 10843349 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) J. Smith Lanier & Co., Inc.	Occu Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	Monthly Contribution							
Full Name of Individual (Last, First, Midd C. Kohlsdorf, Eric, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1501 Ingersoll Ave Suite 200			09 / 23 / Y Y Y Y 2016							
City Des Moines	State IA	Zip Code 50309-3102	Transaction ID : 10843350 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Prisma Strategies	Occu Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1616.00]							
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Α.	Mailing Address 2801 Slater Rd Suite 200			_										
					09 23 2016									
	City Morrisville	State NC	Zip Code 27560-8477	-	Transaction ID : 10843351									
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	federal political committee.	С			<u> </u>		-		30	.00				
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в.	Full Name of Individual (Last, First, Middle Initi Andress, Carolyn, Marie, ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1512 Highway 138		M M / D D / Y Y Y Y											
	City	State	Zip Code	_					2016	_				
	Wall	NJ	07719-3706					: 108433 Receipt	this Period	b				
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	Name of Employer (for Individual) HUB International	Occi Brol	upation (for Individual) ker		M	emo	o Item							
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	Primary General Other (specify) ▼		270.00]										
C.	Full Name of Individual (Last, First, Middle Initi Selinsky, Steven, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 28638 Oak Point Drive				09	/	23		2016	Y				
	City	State	Zip Code		Trans	act	ion ID	: 108433	354	_				
	Farmington Hills	MI	48331-2706	_	Amount	of	Each I	Receipt	this Period	b				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		63	.00				
	Name of Employer (for Individual) Health Alliance Plan		upation (for Individual) ctor of Sales		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 821.00]										
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Init Brown, Carey, H., ,	ial) or Full O	rganization Name		Date of Receipt									
	Mailing Address Six Concourse Parkway Suite 2750				09 / 23 / Y Y Y Y 2016									
	City Atlanta	State GA	Zip Code 30328-6243					1084335 Receipt th						
	FEC ID number of contributing federal political committee.	С			<u> </u>				50	.00				
	Name of Employer (for Individual) The Benefit Company	Occi Broł	upation (for Individual) ker		M	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00											
в.	Full Name of Individual (Last, First, Middle Init Robinson, William, D., ,	ial) or Full O	rganization Name		Date of	f Re	ceipt							
	Mailing Address 739 East Jackson Street			09 / 23 / 2016										
	City Martinsville	State IN	Zip Code 46151-2033					1084335 Receipt th						
	FEC ID number of contributing federal political committee.	С		42.00										
	Name of Employer (for Individual) NewDay! Marketing	Occupation (for Individual) Broker			M	emo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate												
С.	Full Name of Individual (Last, First, Middle Init Age, Jill, , ,	ial) or Full O	rganization Name		Date of	f Re	ceipt							
	Mailing Address 397 Little Neck Road Suite 300 City	State	Zip Code		09 Tran a		23		2016	Ŷ				
	Virginia Beach	VA	23452-5764					Receipt th						
	FEC ID number of contributing federal political committee.	С			Ē		, ,	, ,	30	.00				
	Name of Employer (for Individual) TFA Benefits	Occi Brok	upation (for Individual) xer		M	emc	ttem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]										
s	UBTOTAL of Receipts This Page (optional)			•	[.		, .	. ,	122.	00				
т	OTAL This Period (last page this line number of	only)		•										

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PAGE 49 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other	than using the name and a		erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Fu	,	mittee										
Full Name of Individual (Last, I McConnaughey, John, R., Mailing Address PO Box 805		rganization Name	Date of Receipt									
City	State	Zip Code	09 23 2016 Transaction ID : 10843358									
West Chester	ОН	45071-0805	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		42.00									
Name of Employer (for Individu JRM & Associates Agency, Inc	ual) Occu Brok	upation (for Individual) ser	Memo Item									
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 378.00										
Full Name of Individual (Last, F Todd, Richard, H., ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address PO Box 56166			09 / 23 / Y Y Y Y 2016									
City Little Rock	State AR	Zip Code 72215-6166	Transaction ID : 10843362 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		30.00									
Name of Employer (for Individu The Todd Agency, Inc.	ual) Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 270.00										
Full Name of Individual (Last, F C. Todd, David, , ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address PO Box 56166	6		09 / 23 / Y Y Y Y 09 23 2016									
City Little Rock	State AR	Zip Code 72215-6166	Transaction ID : 10843363									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer (for Individu The Todd Agency, Inc.	ual) Occu Brok	upation (for Individual) er	Memo Item									
Receipt For:		Year-to-Date ▼										
Other (specify)		270.00]									
SUBTOTAL of Receipts This Pag	ge (optional)		102.00									
TOTAL This Period (last page th	is line number only)											

SCHEDULE A (FEC Form 3X) _____ _

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171	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	/ or	ne)							
			for each category of the Detailed Summary Page		K 11a		11b	11c	12					
	y information copied from such Reports and S													
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	olicit cor	ıtrib	outions	from suc	h committe	e.				
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee											
A.	Full Name of Individual (Last, First, Middle Ini Miller, Jean, M., ,	tial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 15433 E 480 Rd				09 / 23 / Y Y Y Y 2016									
	City Claremore	State OK	Zip Code 74017-1826		Transaction ID : 10843366 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С	42.00											
	Name of Employer (for Individual) Rogers Benefit Group	vidual) Occupation (for Individual) Broker												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 306.00	1										
в.	Full Name of Individual (Last, First, Middle Ini Ackerman, Mark, K., ,	tial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 3700 Forest Drive Suite 300					09 / D D / Y Y Y Y 2016								
	City Columbia	State SC	Zip Code 29204-4010					1084336 Receipt th	57 his Period					
	FEC ID number of contributing federal political committee.	С	85.00											
	Name of Employer (for Individual) Insurance Management Group, Inc.	Occ Bro	upation (for Individual) ker		Me	это) Item							
	Receipt For:	Aggregate	Year-to-Date V											
	Other (specify) ▼		765.00											
с.	Full Name of Individual (Last, First, Middle Ini Hebb, Deborah, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 1120 C Professional Ct				09	/	23		ү ү 2016	Y				
	City Hagerstown	State MD	Zip Code 21740-5858					1084336 Receipt th	69 nis Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	, .	. ,	20.0	00				
	Name of Employer (for Individual) Keller Stonebraker Ins		upation (for Individual) President		Me	это	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 385.00	1										
s	UBTOTAL of Receipts This Page (optional)			•		Ξ	, .		147.0	0				
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SCHEDULE A (FEC Form 3X) -

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			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions			
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Berger, Stephanie, , ,	al) or Full O	rganization Name		Date of Receipt								
	Mailing Address 79 Daily Dr #276				09 / 23 / Y Y Y Y 2016								
	City Camarillo	State CA	Zip Code 93010-5807	_				1084337 Receipt th					
	FEC ID number of contributing federal political committee.	С					-		30.	00			
	Name of Employer (for Individual) Collaborative Insurance Solutions	Occu Brok	upation (for Individual) ker		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1									
в.	Full Name of Individual (Last, First, Middle Initia Blain, Bradford, H., ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address AI Torstrick Insurance Agency, 343 Waller Av			09 / 23 / 2016 Transaction ID : 10843374									
	City Lexington	State KY	Zip Code 40504-2912					1084337					
	FEC ID number of contributing federal political committee.	С							30.	00			
	Name of Employer (for Individual) Al Torstrick Insurance Agency, Inc.	Occi Brol		M	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate]										
С.	Full Name of Individual (Last, First, Middle Initia Eblen, David, H., ,	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 112 South Liberty, # 221				09 ^M	1	23		ү ү 2016	Y			
	City Jackson	State TN	Zip Code 38301-6367	_				1084337 Receipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	30.	00			
	Name of Employer (for Individual) The Eblen Agency/A Divison of IPSEO	Occu Brok	upation (for Individual) er		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	1									
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SCHEDULE A (FEC Form 3X) -

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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contrib		าร		
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Init Fogle, Albert, , ,	tial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 3111 C St. Suite 500				M M / D D / Y Y Y Y 09 23 2016								
	City Anchorage	State AK	Zip Code 99503-3973					1084337 Receipt th		d			
	FEC ID number of contributing federal political committee.	С				- j -			0.00				
	Name of Employer (for Individual) Northrim Benefits Group	Occi Broł	upation (for Individual) ker		М	emo	tem Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	1									
в.	Full Name of Individual (Last, First, Middle Init Gennaro, Jeffrey, Wm., ,	tial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 3820 W Happy Valley Rd Ste 141, PMB 606			09 / 23 / 2016									
	City Glendale	State AZ	Zip Code 85310-3292		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С	85.00										
	Name of Employer (for Individual) Capitol Insurance Brokers, Inc.	Occupation (for Individual) Broker			M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate]										
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Hebert, Hedy, S., ,	tial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 550 Boardwalk Blvd.				м м 09		23		2016	Y	1		
	City Bossier City	State LA	Zip Code 71111-4384					1084338 Receipt th		od			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	,	8	5.00			
	Name of Employer (for Individual) Benefit Consulting Services	Occi Brok	upation (for Individual) er		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00	1									
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for each category of the
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or for commercial purp	poses, other than using the	e name and a	ay not be sold or used by any ddress of any political committe											
Full Name of Indivi Helms, John, S.	dual (Last, First, Middle In	itial) or Full O	rganization Name		Date of Receipt									
Mailing Address 29	940 Camino Diablo 205				M M / D D / Y Y Y Y 09 23 2016									
City Walnut Creek		State CA	Zip Code 94597-3992		Transaction ID : 10843384 Amount of Each Receipt this Period									
FEC ID number of federal political con	0	С		/	Amount	OI		ieceipt t		u).00				
Name of Employer	(for Individual)	Occu Brok	upation (for Individual)	_	Me	emo	ltem							
John Helms Associa Receipt For: Primary Other (specify	General	_	Year-to-Date ▼ 270.00											
Full Name of Indivi B. Hill, Donna, D.	dual (Last, First, Middle In	itial) or Full O	rganization Name		Doto of	De	opint							
Mailing Address 29	905 Premiere Parkway uite 285				Date of Receipt									
City Duluth		State GA	Zip Code 30097-5246					108433						
FEC ID number of federal political con	0	C	/	Amount of Each Receipt this Period										
Name of Employer E2E Benefit Service	(for Individual)	Occupation (for Individual)			Memo Item									
Receipt For: Primary Other (specify	General	Aggregate]											
Full Name of Indivi c. Hoffman, Cry	dual (Last, First, Middle In stal	itial) or Full O	rganization Name		Date of	Re	ceipt							
Mailing Address P.					м м 09	/	23		2016	Y				
City Sugar Land		State TX	Zip Code 77487-0709				-	108433 leceipt t	86 this Perio	d				
FEC ID number of federal political con	0	С					y	. y	85	5.00				
Name of Employer Benefit Concepts, I	, ,	Occu Brok	upation (for Individual) er		Me	emo	Item							
Receipt For: Primary Other (specify	General y)	Aggregate	gate Year-to-Date ▼ 990.00											
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or	for commercial purposes, other than using the	name and a	ddress of any political committe	etos	olicit cor	ntric	outions 1	from suc	n committe	96.					
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Initi King, Carolyn, J., ,	al) or Full O	rganization Name		Date of Receipt										
	Mailing Address 6 Country Lane				09 / D / Y Y Y Y 23 2016										
	City Sussex	State NJ	Zip Code 07461-4630					1084338 Receipt th	87 his Period						
	FEC ID number of contributing federal political committee.	С			<u> </u>				30.0	00					
	Name of Employer (for Individual) Carolyn J King Insurance	Occu Brok	upation (for Individual) ker		Me	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 270.00	1											
в.	Full Name of Individual (Last, First, Middle Initi LaFay, Stacey, S., ,	al) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 2444 East Hill Rd.			09 / 23 / Y Y Y Y 2016											
	City	State	Zip Code		Trans	acti	ion ID :	1084338	8	_					
	Grand Blanc	MI	48439-5098		Amount	of	Each F	Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	C				63.00									
	Name of Employer (for Individual) Franklin Benefit Solutions	Occi Brol	upation (for Individual) ker		Me	emc	tem								
	Receipt For:	Aggregate	Year-to-Date ▼ 717.00												
<u> </u>	Full Name of Individual (Last, First, Middle Initi McClaskey, Barbara, A., ,	al) or Full O	rganization Name		Date of	Re	eceipt								
-	Mailing Address 1965 Pine Street				м м 09	1	23		2016	Y					
	City Redding	State CA	Zip Code 96001-1921					108433 9 Receipt th	91 his Period						
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	42.0	00					
	Name of Employer (for Individual) Barbara McClaskey Insurance Services	Occu Brok	upation (for Individual) ser		Me	emo	tem								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00	1											
s	UBTOTAL of Receipts This Page (optional)						, ,	9	135.0	0					
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	tion copied from such Reports and St ercial purposes, other than using the													
\	F COMMITTEE (In Full) D Underwriters Political Act	tion Com	mittee											
	e of Individual (Last, First, Middle Initi ames, , ,	ial) or Full O	rganization Name		Date of Receipt									
Mailing A	ddress P.O. Box 621				09 23 2016									
City Union		State MO	Zip Code 63084-0621		Transaction ID : 10843392 Amount of Each Receipt this Period									
	number of contributing olitical committee.	С			<u> </u>				30.0	00				
Ming Sen	Employer (for Individual) ior Services	Occu Brok	upation (for Individual) ser		Me	emc	tem							
	-or: nary General ler (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]										
	e of Individual (Last, First, Middle Initi Susan, Maley, ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
Mailing A	ddress 2108 West Laburnum Avenue,			09 / 23 / Y Y Y Y 2016										
City Richmon	d	StateZip CodeVA23227-4300						1084339						
FEC ID r	number of contributing olitical committee.	С	Amount of Each Receipt this Period											
	Employer (for Individual) nefit Consultants of Virginia,	Occi Brol		Me	emc	tem								
	For: mary General ler (specify) ▼	Aggregate]											
	e of Individual (Last, First, Middle Initi es, Valerie, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	ddress 3702 Brownsboro Rd	1			^M 09	1	D D D 23	/ Y	2016	Y				
City Louisville	9	State KY	Zip Code 40207-1820	_				1084339 eceipt th	4 is Period					
	number of contributing olitical committee.	С			<u> </u>		,	9	42.0	00				
Preferred	Employer (for Individual) Benefits, LLC	Occu Brok	upation (for Individual) er		M	emo	ttem							
	nary General ner (specify)	Aggregate	Year-to-Date ▼ 378.00]										
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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	y information copied from such Reports and St for commercial purposes, other than using the													
$\overline{\langle}$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	Health Underwriters Political Act	tion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initian Rice, Russell, Lee, ,	ial) or Full O	rganization Name		Date of Receipt 09 / 23 / 2016 Transaction ID : 10843396 Amount of Each Receipt this Period									
	Mailing Address 8000 IH-10 West, # 715													
	City San Antonio	State TX	Zip Code 78230-3880											
	FEC ID number of contributing federal political committee.	С			<u> </u>	_		7	85.0	0				
	Name of Employer (for Individual) AVESIS, Inc.	Occi Brol	upation (for Individual) ker		Me	этс	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 815.00]										
в.	Full Name of Individual (Last, First, Middle Initi Ripley, Michael, P., ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 200 East Main St. Suite 800					09 / 23 / 2016 Transaction ID : 10843397								
	City Fort Wayne	State IN	Zip Code 46802-1900											
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 30.00											
	Name of Employer (for Individual) Gibson	Occ	upation (for Individual) ker		Me	этс	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate]											
С.	Full Name of Individual (Last, First, Middle Initi Rivera, Michael, A., ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 12200 Northwest Frwy, Suite 6	62			м м 09	1	23		2016	Y				
	City Houston	State TX	Zip Code 77092-4927				-	1084339 Receipt th	98 nis Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y 1	9	85.0	0				
	Name of Employer (for Individual) Northwest General Insurance	Occi Brok	upation (for Individual) er		Me	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	egate Year-to-Date ▼ 765.00											
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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11	EWIZED RECEIPIS		for each category of the Detailed Summary Page		4 11a		11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the												
<u> </u>	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	Health Underwriters Political Act	ion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initia Scopp, Kenneth, N, ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 12121 Wilshire Blvd Ste 1100				09 / 23 / Y Y Y Y 2016								
	City Los Angeles	State CA	Zip Code 90025-1166	Transaction ID : 10843399 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		25.0	00			
	Name of Employer (for Individual) First Financial Resources	Occu Brok	upation (for Individual) ker		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	1									
в.	Full Name of Individual (Last, First, Middle Initia Scott, Nicole, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 6200 Northwest Pkwy	1			09 / Y Y Y Y Y 23 2016								
	City San Antonio	State TX	Zip Code 78249-3348					1084340					
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 30.00										
	Name of Employer (for Individual) United Healthcare	Occi Brol	upation (for Individual) ker		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	1										
C.	Full Name of Individual (Last, First, Middle Initia Severo, Daniel, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 231 Chestnut St. #410	1-			^M 09	1	23	3	2016	Y			
	City Meadville	State PA	Zip Code 16335-3458					: 1084340 Receipt th	01 nis Period				
	FEC ID number of contributing federal political committee.	С			Ē		y	9	30.0	00			
	Name of Employer (for Individual) The DJB Group, Inc.	Occu Brok	upation (for Individual) er		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]									
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			13 14 15 16 1 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mine Shooshanian, Barbara, , ,	,	organization Name	Date of Receipt
Mailing Address 39500 High Pointe Blv Ste 400	d		09 23 2016
City Novi	State MI	Zip Code 48375-5517	Transaction ID : 10843402 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Health Alliance Administrators, Inc.	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]
Full Name of Individual (Last, First, Mi B. Simmang, Michael, John, ,	ddle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 143 E Austin St			09 / 23 / Y Y Y Y 2016
City Giddings	State TX	Zip Code 78942-3201	Transaction ID : 10843403 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) The Nitsche Group	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]
Full Name of Individual (Last, First, Mic C. Strong, Cameron, F., ,	ddle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 2565 Dexter Ave. N # 502	State	Zin Code	09 / 23 / 2016
City Seattle	State WA	Zip Code 98109-1955	Transaction ID : 10843404 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer (for Individual) Self	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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				Detailed Summary Page	×	11a 13		11b 14		11c		2 6	17
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	ay r addr	not be sold or used by any p ess of any political committee	erson for erson	or the	purp ntrib	oose o	of s	oliciting	cont	ributi	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	าท	ttee									
A.	Full Name of Individual (Last, First, Middle In Tellesbo-Kembel, Marsha, , ,	nitial) or Full C	Drga	nization Name	[Date of	Re	ceipt					
	Mailing Address 1001 4th Avenue, Suite 3200	0				м м 09	/	D 2:		/ Y	ү 201	ү 6	Y
	City Seattle	State WA		Zip Code 98154-1003	A					084340 ceipt th		riod	
	FEC ID number of contributing federal political committee.	С						-		-	Ξ	85.0	0
	Name of Employer (for Individual) Tellesbo & Company	Occ Bro		tion (for Individual)		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1203.00	1								
в.	Full Name of Individual (Last, First, Middle In Todd, Helen, M., ,	nitial) or Full C	Drga	nization Name		Date of	Re	ceipt					
	Mailing Address PO Box 56166					6	Y						
	City Little Rock	State AR		Zip Code 72215-6166	A					084341 ceipt th	-	riod	
	FEC ID number of contributing federal political committee.	С			30.00					0			
	Name of Employer (for Individual) The Todd Agency, Inc.		cupa oker	tion (for Individual)		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 270.00	1								
C.	Full Name of Individual (Last, First, Middle In Wright, Dennis, E., ,	nitial) or Full C	Drga	nization Name		Date of	Re	ceipt					
	Mailing Address 1111 Chestnut Hills Pky					^M 09	/	D 2	3	/ Y	201	6	Y
	City Fort Wayne	State IN		Zip Code 46814-8934	A					084341 ceipt th		riod	
	FEC ID number of contributing federal political committee.	C						y		y	_	85.0	0
	Name of Employer (for Individual) Employee Plans, LLC	Occ Broł	•	tion (for Individual)		M	emc) Item					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 765.00									
s	UBTOTAL of Receipts This Page (optional)					-		,		ŋ	2	00.0	0
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or	y information copied from such Reports and St for commercial purposes, other than using the												
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee										
Α.	Full Name of Individual (Last, First, Middle Initi Wynkoop Kapostins, Ashley, , ,	ial) or Full O	rganization Name			Date of	Re	ceipt					
	Mailing Address 255 Primera Blvd, Suite 264					м м 09	1		23 23	/ Y) 16	Y
	City	State FL	Zip Code							084341			
	Lake Mary		32746-2148	_	_ A	Mount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						7				42.0	0
	Name of Employer (for Individual) CIGNA	Occu Brok	upation (for Individual ker)		Me	emo	lterr	ı				
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼			478.00									
	Full Name of Individual (Last, First, Middle Initi Hall, Dwight, , ,	ial) or Full O	rganization Name			Date of	Re	ceipt					
	Mailing Address 6107 Hazelwood Ave.					м м 09	/		D 23	/ Y	ү 20	ү 16	Y
	City	State	Zip Code			Trans	acti	on IC):1	084341	4		
	Indianapolis	IN	46228-1316		A	mount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С			30.					30.0	0		
	Name of Employer (for Individual) D Hall & Associates	Occi Brol	upation (for Individua ker	1)		Me	emo	Item	I				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	320.00									
с.	Full Name of Individual (Last, First, Middle Initi Thal, Harry, P., ,	ial) or Full O	rganization Name			Date of	Re	ceipt					
	Mailing Address 11006 Kernville Rd. #1					м м 09	1		23	/ Y		16 [°]	Y
	City	State	Zip Code			Trans	act	ion II):1	084341	5		
	Kernville	CA	93238-9765		A	mount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						y		y	_	85.0	0
	Name of Employer (for Individual) Harry P. Thal Insurance Agency	Occu Brok	upation (for Individual er)		Me	emc	lten	ı				
	Receipt For: Primary General Other (specify)	Primary General											
S	UBTOTAL of Receipts This Page (optional)			••••••				,		,		157.0	0
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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				Detailed Summary Page						12	_		
				not be sold or used by any person for the purpose of soliciting contribution lress of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mi	ttee									
A.	Full Name of Individual (Last, First, Middle Initi Acuna, Sergio, , ,	ial) or Full C	rgar	nization Name		Date of	Re	ecei	ipt				
	Mailing Address P O Box 960367					м м 09	1	Г	D D 23	/ Y	Y 20) 16	Y
	City El Paso	State TX		Zip Code 79996-0367	A			-		084341 ceipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С						-		-95	_	85.0	00
	Name of Employer (for Individual) Sergio Acuna Insurance	Occ Brol	•	ion (for Individual)		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 425.00									
в.	Full Name of Individual (Last, First, Middle Initi Durand, Tina, , ,	ial) or Full C	rgar	nization Name		Date of	Re	ecei	ipt				
	Mailing Address P.O.Box 61157					м м 09	1		D D D 23	/ Y	20) 16	Y
	City Corpus Christi	State TX		Zip Code 78466-1157				-		084341 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С			42.00					00			
	Name of Employer (for Individual) Heavin & Associates Insurance	Occ Bro		tion (for Individual)		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 378.00									
с.	Full Name of Individual (Last, First, Middle Initi Baskett, John, , ,	ial) or Full C)rgar	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 2601C Blanding Ave #222					09 ^M	/	L	23	/ Y	20)16 [°]	Y
	City Alameda	State CA		Zip Code 94501-1507	A					084342		eriod	
	FEC ID number of contributing federal political committee.	С						y		y	_	30.0	00
	Name of Employer (for Individual) John Baskett Insurance Services	Occ Brok	•	ion (for Individual)		M	emc	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	rr-to-Date ▼ 1270.00									
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SCHEDULE A (FEC Form 3X) _____ _

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	or commercial purposes, other than using the									
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/ F	Health Underwriters Political Act		mittee							
	ull Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name							
	Braner, Jodie, E., , lailing Address 5 Concourse Parkway				Date of	Re				_
IV	18th Floor				м м 09	1	23	р / ү	2016	Y
	ity	State	Zip Code		Trans	act	ion ID :	1084342	24	
-	Atlanta	GA	30328-5350		Amount	t of	Each F	Receipt th	nis Period	
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	ame of Employer (for Individual) /illis	Occu Brok	upation (for Individual) Ker		Me	emo) Item			
R	eceipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼		270.00	11						
				11						
	ull Name of Individual (Last, First, Middle Initi Copeland, Bob, , ,	ial) or Full O	rganization Name		Date of		agint			
_	lailing Address 700 Larkspur Landing Circle, S	uite.							YYY	V
_					09	Ĺ	23		2016	
	ity .	State	Zip Code					1084342		
	arkspur	CA	94939-1755		Amount	t of	Each F	Receipt th	nis Period	
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	lame of Employer (for Individual) opeland Insurance Services	Occi Bro	upation (for Individual) ker		Me	emo	tem			
R	eceipt For:	Aggregate	Year-to-Date ▼							
	Primary General			11.						
	Other (specify) v		, 765.00							
	ull Name of Individual (Last, First, Middle Initi Goodwin, Carolyn, L., ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
N	lailing Address 12740 Hillcrest Road				M	/			2016	Y
ō	Suite 275	State	Zip Code		09 Trans	act	23 ion ID :	1084343	2016 81	_
	Dallas	TX	75230-7129						nis Period	
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N	ame of Employer (for Individual)	Осси	upation (for Individual)		M	emo	b Item			
G	Goodwin Benefits Group, LLC	Brok	er							
R	eceipt For:	Aggregate	Year-to-Date V							
	Other (specify)		270.00							
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Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 1 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle Griffey, Patricia, A., ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 17535 Generations Dr			M M / D D / Y Y Y Y 09 23 2016
City South Bend	State IN	Zip Code 46635-1589	Transaction ID : 10843432 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) The Healy Group	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1075.00]
Full Name of Individual (Last, First, Middle B. Howard, Michelle, S., ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2850 West Grand Boulevar	ď		09 23 2016
City Detroit	State MI	Zip Code 48202-2643	Transaction ID : 10843434 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer (for Individual) Health Alliance Plan	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 890.00]
Full Name of Individual (Last, First, Middle C. Irwin, Karen, K., ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 116 S Main St			09 23 2016
City Swanton	State OH	Zip Code 43558-1345	Transaction ID : 10843435 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) Kim Bradford & Associates	Occi Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00]
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			227.00

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				or each category of the Detailed Summary Page						1b 4		11c 15	12	Γ	17
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	ımit	tee											
Α.	Full Name of Individual (Last, First, Middle Initi Jones, Alan, L., , Mailing Address 3420 Pump Road, #144	al) or Full O)rgan	ization Name			ate o		ece	eipt			Y Y	Y	
	City	State		Zip Code		L	09		ior	23		84343	2016		
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	FEC ID number of contributing federal political committee.	С	_						,		_	-	3	0.00	
	Name of Employer (for Individual) TPA Benefits, LLC	Occi Brol		on (for Individual)			Μ	lemo	o It	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 270.00]										
	Full Name of Individual (Last, First, Middle Initi Embry, Michael, A., ,	al) or Full O)rgan	ization Name		D	ate o	f Re	ece	eipt					
	Mailing Address 26555 Evergreen Road Suite 535					Γ	м м 09	/	ľ	23		/ Y	y 2016	Y	1
	City Southfield	State MI		Zip Code 48076-4213							-	84343 eipt thi	7 iis Perio	od	
	FEC ID number of contributing federal political committee.	С	_							41	5.00				
	Name of Employer (for Individual) Comprehensive Benefits	Occ Bro		ion (for Individual)		l	Μ	lemo	o It	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 3435.00]										
	Full Name of Individual (Last, First, Middle Initi Embry, Jeanne, A., ,	al) or Full O	rgan	ization Name		D	ate o	f Re	ece	eipt					
	Mailing Address 26240 Wacker Drive					Ľ	09	/	I	23		/ Y	2016	Y	
	City Chesterfield	State MI		Zip Code 48051-3306								084343	is Perio	od	
	FEC ID number of contributing federal political committee.	С	-				noun		L.c					0.00	
	Name of Employer (for Individual) Comprehensive Benefits	Occi Brok		on (for Individual)			N	lemo	o li	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 270.00]										
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ITEMIZED RECEIPTS	Detailed Summary Page						11c 15	12 16	17
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NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee							
Full Name of Individual (Last, First, Mid Pennington, William, H., , Mailing Address 4640 Woodbridge Drive	,	rganization Name		Date of	Re	ceipt		YYY	Y
				09	Ľ	23		2016	_
City Kernersville	State NC	Zip Code 27284-8850					1084344	12 nis Perioc	4
FEC ID number of contributing federal political committee.	С								.00
Name of Employer (for Individual) Pennington Associates Inc.	Occ Brol	upation (for Individual) ker		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
Full Name of Individual (Last, First, Mid B. Perry, Jeff, , ,	dle Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address P O Box 51019				м м 09	/	D D D 23	/ Y	2016	Y
City Idaho Falls	State ID	Zip Code 83405-1019					1084344		
FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period					_
Name of Employer (for Individual) The Hartwell Corporation	Occ Bro	upation (for Individual) ker		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]						
Full Name of Individual (Last, First, Mid C. Stacy, Dustin, , ,	dle Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 1151 Red Mile Road				^M 09	/	23	/ Y	2016	Y
City Lexington	State KY	Zip Code 40504-2649					1084344		
FEC ID number of contributing federal political committee.	С			mount	of	Each R	eceipt th	nis Perioc 30	.00
Name of Employer (for Individual) Benefit Insurance Marketing	Occ Brok	upation (for Individual) ser		Me	emo	ltem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]						
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only	one)			
		for each category of the Detailed Summary Page	X 11		11b	11c	12	<u> </u>
Any information copied from such Reports a or for commercial purposes, other than usir				the pu				
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee						
Full Name of Individual (Last, First, Mido A. Ledgerwood, Michael, , ,	lle Initial) or Full O	rganization Name	Dat	e of F	Receipt			
Mailing Address 12022 FOREST MOON	DR)9	/ D 23		2016	Y
City CYPRESS	State TX	Zip Code 77433-3834				: 1084345 Receipt th	55 nis Period	
FEC ID number of contributing federal political committee.	C			_	 		30.0	00
Name of Employer (for Individual) RELI Benefit Specialists LLC	Occi Brol	upation (for Individual) ker		Men	no Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]					
Full Name of Individual (Last, First, Mide Westmoreland, Charles, L., ,	lle Initial) or Full O	rganization Name	Dat	e of F	Receipt			
Mailing Address 532 Cloiffview Drive	1-)9	/ D 23		ү ү 2016	Y
City Brandon	State MS	Zip Code 39047-9183				: 1084345		
FEC ID number of contributing federal political committee.	С						nis Period 30.0	00
Name of Employer (for Individual) Allstate Benefits	Occ Bro	upation (for Individual) ker		Men	no Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]					
Full Name of Individual (Last, First, Midd C. Sobel, Michael, , ,	lle Initial) or Full O	rganization Name	Dat	ə of F	Receipt			
Mailing Address 2105 Stirling Rd.)9	/ 23		2016	Y
City Bannockburn	State IL	Zip Code 60015-1525				: 1084346 Receipt th	62 nis Period	
FEC ID number of contributing federal political committee.	C			_	, .	9	300.0	00
Name of Employer (for Individual) The Daniel and Henry Co	Occi Age	upation (for Individual) nt		Men	no Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1					
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\ \	e of committee (In Full) alth Underwriters Political Acti	ion Com	mittee								
	Name of Individual (Last, First, Middle Initia t, Daniel, R, ,	al) or Full O	organization Name		Date of	f Re	eceipt				
Mailir	ng Address 2237 E. 32nd Street				м м 09	1	D 24		ү ү 2016	Y	
City Tulsa	à	State OK	Zip Code 74105-2215					: 1084373 Receipt th		d	
	ID number of contributing al political committee.	С					-			0.00	
	e of Employer (for Individual) dian Life	Occu Brok	upation (for Individual) ker		М	emo	ttem				
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]							
	Name of Individual (Last, First, Middle Initia st, Mitchell, , ,	al) or Full O	organization Name		Date of	f Re	eceipt				
Mailir	ng Address Health Choice One, Attn: Mitch 6436 S Racine Cir				^M 09	1	D 24		2016	Y	
City Cente	ennial	State CO	Zip Code 80111-6479					1084373 Receipt th		d	
	ID number of contributing al political committee.	С								0.00	
	e of Employer (for Individual) Family Services	Occu Broł	upation (for Individual) ker		Μ	emo	tem				
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]							
	Jame of Individual (Last, First, Middle Initia Illips, Paige, W., ,	al) or Full O	Organization Name		Date of	f Re	eceipt				
	ng Address 1434 Hwy 301	-			09	1	D 24		ү ү 2016	Y	
City Cale	ra	State AL	Zip Code 35040-5466					: 1084373 Receipt th		d	
	ID number of contributing al political committee.	C			<u> </u>		y .	9	30	0.00	
AWM		Occu Brok	upation (for Individual) ker		M	emo	o Item				
	ipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 484.00]							
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		Use separate schedule(s)	(check only one)								
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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mid Buffum, Ronald, S., ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 106 South Harris Street # 237											
City Round Rock	State TX	Zip Code 78664-6081	Transaction ID : 10843742 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) The Buffum Group	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 344.00									
Full Name of Individual (Last, First, Mid B. Bear, Dale, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2550 NE Douglas St	09 24 2016										
City Lees Summit	State MO	Zip Code 64064-2224	Transaction ID : 10843748 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual) Education Services International	Occ Age	upation (for Individual) ent	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]								
Full Name of Individual (Last, First, Mid Feldman, Jeremy, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 15324 Sweetbay St	Mailing Address 15324 Sweetbay St										
City Woodbine	State MD	Zip Code 21797-7726	Transaction ID : 10843752 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) Aflac		upation (for Individual) ker Sales Manager	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00									
SUBTOTAL of Receipts This Page (option	' nal)		▶ 184.00								
TOTAL This Period (last page this line nu	mber only)										

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
II EIVILED RECEIFIO		for each category of the Detailed Summary Page	× 11a		11b 14	11c	12	17					
Any information copied from such Reports and or for commercial purposes, other than using			erson for th		rpose of	soliciting	g contribut	ions					
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee											
Full Name of Individual (Last, First, Middle Reents, Joni, Robin, ,	e Initial) or Full O	rganization Name	Date	Date of Receipt									
Mailing Address 5760 W. 120th Avenue Suite 260				09 25 / Y Y Y Y 2016									
City Broomfield	State CO	Zip Code 80020-6939				1084375 Receipt th	is Period						
FEC ID number of contributing federal political committee.	С				42.00								
Name of Employer (for Individual) Reents Insurance Agency	Occi Brol	upation (for Individual) Ker		Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 388.00]										
Full Name of Individual (Last, First, Middle B. Winson, Shelly, K., ,	e Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address PO Box 1914				09 25 2016									
City Chandler	State AZ	Zip Code 85244-1914		Transaction ID : 10843754 Amount of Each Receipt this Peric									
FEC ID number of contributing federal political committee.	С			30.00									
Name of Employer (for Individual) True Choice Benefits LLC		Occupation (for Individual) Broker			o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 465.00											
Full Name of Individual (Last, First, Middle C. Lee, Philip, W., ,	e Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address 935 Moraga Road Suite 240	09)	25		2016	Y							
City Lafayette	State CA	Zip Code 94549-4542				1084375 leceipt th	nis Period						
FEC ID number of contributing federal political committee.	С				y	. ,	42.0	0					
Name of Employer (for Individual) BLIS Corp. dba Lee Health Insurance Se		Occupation (for Individual) President			o Item								
Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 656.00											
SUBTOTAL of Receipts This Page (optiona	l))			,		114.0	10					
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Use separate schedule(s)

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171			Use separate schedule(s)	(check only one)										
11			for each category of the Detailed Summary Page		× 11a 13		11b 14	11c 15	12	17				
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any p ddress of any political committe	e to s	for the	pur ntrik	pose of	soliciting	contribu	itions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initi Williams, Edward, P., ,	e Initial) or Full Organization Name				Date of Receipt								
	Mailing Address 191 North Ave						09 / D D / Y Y Y Y 25 / 2016							
	City Mount Clemens	State MI	Zip Code 48043-9703					1084375 Receipt th						
	FEC ID number of contributing federal political committee.	С	С			42.00								
	Name of Employer (for Individual)Occupation (for Individual)Action Health Insurance AgencyOwner					emo	tem Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	1											
в.	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Middleton, Jo, L., ,					f Re	eceipt							
	Mailing Address 9525 Katy Freeway, Suite 125						09 / 25 / Y Y Y Y 09 25 2016							
	City Houston	State TX	Zip Code 77024-1430	Transaction ID : 10843758										
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
	Name of Employer (for Individual) TradeMark Insurance Agency LLC	Occupation (for Individual) Broker				emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00												
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sokol, David, , ,					f Re	eceipt							
	Mailing Address 901 Wilshire Drive Suite 300 City	State		09 / 25 / 2016 Transaction ID : 10843760										
	Тгоу	MI	Zip Code 48084-5611	_				Receipt th						
	FEC ID number of contributing federal political committee.	С		Ľ.		y		85.	.00					
	Name of Employer (for Individual) Wilshire Benefits Group Inc Receipt For:	Occupation (for Individual) Broker			M	emo	o Item							
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 465.00												
s	UBTOTAL of Receipts This Page (optional)		······]	•			,	. ,	157.	00				
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SCHEDULE A (FEC Form 3X) - DEOEIDTO

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)										
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			y not be sold or used by any p ddress of any political committee											
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Health Underwri	ters Political Action	on Com	mittee											
A. Bogott, Christine, M.) or Full Or	ganization Name		Date of Receipt									
Mailing Address 125 Gr	and Avenue, Unit B	1			09 25 2016									
City Grand Junction		State CO	Zip Code 81501-2251		Transaction ID : 10843764 Amount of Each Receipt this Period									
FEC ID number of contr federal political committe	U	С				30.00								
Name of Employer (for MHIB Group	Individual)	Occupation (for Individual) Broker			Memo Item									
Receipt For: Primary Other (specify) ▼	General	Aggregate Year-to-Date ▼ 445.00												
Full Name of Individual B. Gootee, Jason, , ,	(Last, First, Middle Initial) or Full Or	ganization Name		Date of	Re	eceipt							
Mailing Address 510 L S Suite 2						09 / D / Y Y Y Y 25 / 2016								
City Anchorage		State AK	Zip Code 99501-1949		Transaction ID : 10843766 Amount of Each Receipt this Period									
FEC ID number of contr federal political committee	U	С	30.00											
Name of Employer (for Individual) Moda Health		Occupation (for Individual) Broker			Me	emc	tem							
Receipt For: Primary Other (specify) ▼	General	Aggregate	e Year-to-Date ▼ 270.00											
Full Name of Individual c. Kross, David, R.,	(Last, First, Middle Initial) or Full Or	ganization Name		Date of	Re	eceipt							
	Mailing Address 5556-B Cheviot Rd.					09 / D D / Y Y Y Y 25 / 2016								
City Cincinnati		State OH	Zip Code 45247-5202					1084376 Receipt th	67 his Period					
FEC ID number of contr federal political committe	0	С		<u> </u>		, .	, ,	30.0)0					
Name of Employer (for United Benefits Agency,		Occupation (for Individual) Broker			M	emo	tem Item							
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 270.00]										
SUBTOTAL of Receipts T	his Page (optional)		•••••	<u> </u>			, .		90.0)0				
TOTAL This Period (last p	age this line number on	ly)		•			-	-						
SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)											
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11											
			13 14 15 16 1 berson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee												
Full Name of Individual (Last, First, Mic Whaley, Cynthia, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 408 N. Washington Str Suite A	eet		09 / 25 / Y Y Y Y 2016											
City Easton	State MD	Zip Code 21601-3704	Transaction ID : 10843769 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) Avery Hall Benefit Solutions, Inc.	Occ Brol	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]											
Full Name of Individual (Last, First, Mic B. Phillips, Stephanie, A., ,	Idle Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 11100 Mead Rd, Ste 3			09 26 / Y Y Y Y Y 2016											
City Baton Rouge	State LA	Zip Code 70816-2260	Transaction ID : 10843775 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		30.00											
Name of Employer (for Individual) HUB International		upation (for Individual) hefit Consultant	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]											
Full Name of Individual (Last, First, Mic Morrison, James, M., ,	Idle Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 6096 Innovation Way			09 26 2016											
City Carlsbad	State CA	Zip Code 92009-1741	Transaction ID : 10843776 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		85.00											
Name of Employer (for Individual) Morrison Insurance Services, Inc		upation (for Individual) sident	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00]											
SUBTOTAL of Receipts This Page (optio	nal)		145.00											
TOTAL This Period (last page this line n	umber only)													

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1											
	for commercial purposes, other than using the			person for the purpose of soliciting contributions											
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	nmittee												
Α.	Full Name of Individual (Last, First, Middle Init Wooden, Rebecca, L., ,	ial) or Full C	Drganization Name	Date of Receipt											
	Mailing Address 201 NE Park Plaza Dr #293														
	City Vancouver	State WA	Zip Code 98684-5881	Transaction ID : 10843780 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		30.00											
	Name of Employer (for Individual) A.L. Insurance Group Inc	Occ Age	cupation (for Individual) ent	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00]											
В.	Full Name of Individual (Last, First, Middle Init Drysdale, Sam, , ,	ial) or Full C	Drganization Name	Date of Receipt											
	Mailing Address P.O. Box 8222			M M / D D / Y Y Y Y Y 09 26 2016											
	City Springfield	State MO	Zip Code 65801-8222	Transaction ID : 10843782 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		42.00											
	Name of Employer (for Individual) Mercy Health Plans		cupation (for Individual) oker	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 511.00]											
с.	Full Name of Individual (Last, First, Middle Init Gibson, Amanda, , ,	ial) or Full C	Drganization Name	Date of Receipt											
	Mailing Address 248 E Capitol Street Suite 1200			09 / D D / Y Y Y Y Y 26 2016											
	City Jackson	State MS	Zip Code 39201-2500	Transaction ID : 10843784 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		30.00											
	Name of Employer (for Individual) Fisher Brown Bottrell		cupation (for Individual) ployee Benefits Assistant	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00]											
s	UBTOTAL of Receipts This Page (optional)		•	102.00											
т	OTAL This Period (last page this line number of	only)													

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	EWIZED RECEIPTS			Summary Page	×	11a		11b		11c		12					
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	y information copied from such Reports and for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee														
/									_								
Α.	Full Name of Individual (Last, First, Middle II Wakamoto-Lee, Sue, , ,	nitial) or Full C	organization	Name	Date of Receipt												
	Mailing Address 303 2nd St					м м 09	/	26		/ Y) 016	Y				
	City	State	Zip Co			Trans	acti	ion ID	: 1(084378	7		_				
	San Francisco	CA	9410	7-1366		Amount	t of	Each	Red	ceipt th	is P	eriod					
	FEC ID number of contributing federal political committee.	С			30.00												
	Name of Employer (for Individual) Zenefits		upation (for efits Advisor	,		M	emo	ltem									
	Receipt For:	Aggregate	Year-to-Date	e 🔻													
	Primary General Other (specify) ▼			290.00]												
в.	Full Name of Individual (Last, First, Middle I Cook, Troy, J., ,	l nitial) or Full C	organization	Name		Date of	f Re	eceipt									
	Mailing Address 6428 Wilcot Ct.					м м 09	/	26		/ Y		16	Ŷ				
	City	State	Zip Co	de		Trans	acti	on ID	: 1(084378	8						
	Johnston	IA	50131	-2859		Amount	t of	Each	Red	ceipt th	is P	eriod					
	FEC ID number of contributing federal political committee.	С		30.00													
	Name of Employer (for Individual) Telligen Health Management Solutions	Occ Bro	upation (for ker	Individual)		Memo Item											
	Receipt For:	Aggregate	Year-to-Date	e V													
	Primary General Other (specify) ▼		4	, 240.00]												
	Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization	Name													
С.	Dinkel, Matthew, Kim, , Mailing Address 13720 Six Mile Cypress, Sui	ite B				Date of				/ Y)16	Y				
	City	State	Zip Co	de		Trans	act	ion ID	: 10	084379	2	-					
	Fort Myers	FL	33912	-4324		Amount	t of	Each	Red	ceipt th	is P	eriod					
	FEC ID number of contributing federal political committee.	С						y	_	9	_	85.0	0				
	Name of Employer (for Individual) Alan Williams & Associates Insurance A	Occ Brol	upation (for	Individual)		М	emc	tem									
	Receipt For:	1	Year-to-Date														
	Primary General	Aggregate	Teal-to-Dat	- ·	. L.												
	Other (specify)		-9F	730.00	4												
s	UBTOTAL of Receipts This Page (optional)						_	,		7	+	145.0	0				
Т	OTAL This Period (last page this line numbe	r only)						-	_		_						

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	JEIFIJ		Detailed Summary F	×	11a		11t		11c		12						
						13		14		15		16	17				
or for commercial pur	ed from such Reports and S rposes, other than using the																
Health Unde	ITTEE (In Full) erwriters Political Ac	ction Com	mittee														
Full Name of Indiv A. Dickert, Vicki, N	<i>r</i> idual (Last, First, Middle In /lichele , ,	itial) or Full O	rganization Name	Date of Receipt													
-	833 Perimeter Park Blvd uite 802	State	Zip Code		09 / 26 / Y Y Y Y 2016 Transaction ID : 10843794												
Jacksonville		FL	32216-1113							ceipt th		eriod					
FEC ID number of federal political co	0	С						1				30.0					
Name of Employer BenTec Workplace	· ,		upation (for Individual) President of Sales			М	emo	Ite	m								
Receipt For: Primary Other (speci	General fy) ▼	Aggregate	Year-to-Date ▼ 24	40.00													
Full Name of Indiv B. Hinck, John, H	vidual (Last, First, Middle Ini H., ,	itial) or Full O	rganization Name		[Date o	f Re	ceip	ot								
Mailing Address 2	11 McLaws Circle, Ste2				09 / 26 / Y Y Y Y 2016 Transaction ID : 10843795												
City Williamsburg		State VA	Zip Code 23185-5871				-		084379 ceipt th	-	eriod						
FEC ID number of federal political co	0	С	30.00														
Name of Employe Hinck Financial Ser		Occ Bro	upation (for Individual) ker			M	emo	Ite	m								
Receipt For: Primary Other (speci	General fy) ▼	70.00															
Full Name of Indiv C. Helbling, Cor	/idual (Last, First, Middle In Suelo, , ,	itial) or Full O	rganization Name			Date o	f Re	ceip	ot								
	1101 N Broadway Ste 100		1			м м 09	1	D	26	/ Y		ү 16	Y				
City Chicago		State IL	Zip Code 60613-2104					-		084379		eriod					
FEC ID number of federal political co	0	С						,				12.0	00				
Name of Employer	, ,		upation (for Individual) eral Agent			M	lemo	lte	m								
Receipt For: Primary Other (speci	General	Aggregate	Year-to-Date ▼ 32	21.00													

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	-	Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12											
			13 14 15 16 1 rerson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)		duress of any political committee												
Health Underwriters Politic	al Action Com	mittee												
Full Name of Individual (Last, First, M A. Kramer, Jeff, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 1640 NW 132nd ST			09 26 2016											
City Clive	State IA	Zip Code 50325-8517	Transaction ID : 10843797 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		30.00											
Name of Employer (for Individual) NRECA		upation (for Individual) efit Specialist	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1											
Full Name of Individual (Last, First, M Wilson, Steven, L., ,	ddle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 1151 Red Mile Road			09 26 / Y Y Y Y Y 2016											
City Lexington	State KY	Zip Code 40504-2649	Transaction ID : 10843799 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		85.00											
Name of Employer (for Individual) Benefit Insurance Marketing	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 890.00]											
Full Name of Individual (Last, First, M C. Munger, David, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 3312 W. Magistrate L	оор		09 / D D / Y Y Y Y 09 26 2016											
City Hayden	State ID	Zip Code 83835-5019	Transaction ID : 10843801 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		100.00											
Name of Employer (for Individual) Munger Insurance	Occi Brok	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 675.00	1											
SUBTOTAL of Receipts This Page (opti-			215.00											
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)											
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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee												
Full Name of Individual (Last, First, Midd Johnson, Suzanne, K., ,	le Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 5955 Carnegie Blvd Suit	e 150		M M / D D / Y Y Y Y 09 26 2016											
City Charlotte	State NC	Zip Code 28209-4664	Transaction ID : 10843804 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		42.00											
Name of Employer (for Individual) Employee Benefit Advisors of the Carol	Occi Brok	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 843.00]											
Full Name of Individual (Last, First, Midd Ambro, Heather, , , Mailing Address 2157 Welsch Industrial C	-	rganization Name	Date of Receipt											
City Saint Louis	State	Zip Code 63146-4220	09 26 2016 Transaction ID : 10843807 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		85.00											
Name of Employer (for Individual) The ECCHIC Group		upation (for Individual) of Administration Services	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1065.00]											
Full Name of Individual (Last, First, Midd c. Lenhart, Reid, , ,	le Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 715 Douglas Ave, Ste 14	۱		09 26 / Y Y Y Y											
City Altamonte Springs	State FL	Zip Code 32714-2576	Transaction ID : 10843814 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		12.00											
Name of Employer (for Individual) The Canadian Medstore	Occu Agei	upation (for Individual) nt	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 246.00]											
SUBTOTAL of Receipts This Page (optional	al)		► 139.00 											
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Use separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 79 OF

Detailed Suminary Page 113 115			Use separate schedule(s)	(check only one)									
Ary information copied from such Reports and Statements may not be soil or used by any person for the purpose of solciling contributions from such commit NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mailing Address 6440 South Wasatch Bivd Salt Lake City State Zip Code Salt Lake City UT Recipt Toric General Pitmany General Porther Fred, Aggregate Year-to-Date ▼ Mailing Address 11555 Sorrento Valley Road State Suite 203 State City State B. Cartier, Fred, Mailing Address 11555 Sorrento Valley Road Suite 203 City San Diego C. Piti Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Recipt Frod, Mailing Address 1155 Sorrento Valley Road Soite 202 San Diego C. 212 Code 221 San Diego C. Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 1400 Broadway <t< th=""><th></th><th></th><th></th><th></th><th></th><th>_</th><th></th><th>17</th></t<>						_		17					
Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mulvey, Delbert, Mailing Address 6440 South Wasatch Blvd Salt Lake City Salt Lake City Balt Jake City Salt Lake City UT 84121-3546 FEC ID number of contributing federal political committee. Other Employer (for Individual) Vice President Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cartiert, Fred, Mailing Address 11555 Sorrento Valley Read Sait Legas Sait Legas Name of Employer (for Individual) Receipt For: Mailing Address 11555 Sorrento Valley Read Saite 203 City San Diego FeC ID number of contributing federal political committee. C Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼				erson for the	purpose of	soliciting	g contribut	tions					
A. Multivey, Delbert, , , , , , , , , , , , , , , , , , ,		ction Com	mittee										
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Mailing Address 11555 Sorrento Valley Road Suite 203 State Zip Code City State Zip Code San Diego CA 92121-1331 FEC ID number of contributing federal political committee. C 42 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Employee Benefits Advisor Memo Item Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Memo Item Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jate of Receipt Jate of Receipt City State Zip Code Jate of Receipt Jate of Receipt Mailing Address 1400 Broadway WA 98225-3036 Jate of Receipt this Period FEC ID number of contributing federal political committee. C Bellingham Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Ite		nitial) or Full O	organization Name	Date o	of Receipt								
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Primary General General	Wallace-Rice Benefits, LLC		· · · · · · · · · · · · · · · · · · ·		lemo Item								
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)											
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			e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee												
Full Name of Individual (Last, First, Middl Moore, Douglas, F., ,	e Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 225 North Shore Drive Suite 300			09 / 27 / Y Y Y Y 2016											
City Pittsburgh	State PA	Zip Code 15212-5860	Transaction ID : 10843944 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		30.00											
Name of Employer (for Individual) Seubert & Associates, Inc.	Occ Brol	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]											
Full Name of Individual (Last, First, Middl B. Underhill, Elizabeth, J., ,	e Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 5951 Canoga Avenue			M M / D D / Y Y Y Y Y 09 27 2016											
City Woodland Hills	State CA	Zip Code 91367-5010	Transaction ID : 10843946 Amount of Each Receipt this Period											
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Name of Employer (for Individual) Underhill Insurance Agency, Inc.	Occ Bro	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 602,00]											
Full Name of Individual (Last, First, Middl C. Lord, Justin, , ,	e Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 935 East 36th Place			M M / D D / Y Y Y Y Y 09 27 2016											
City Tulsa	State OK	Zip Code 74105-3001	Transaction ID : 10843949 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		10.00											
Name of Employer (for Individual) Wilcox & McGrath, Inc.	Occ Brok	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 265.00	1											
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ITEMIZED RECEIPTS		Detailed Summary Page	X 1	1a		11b		11c	1	2									
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NAME OF COMMITTEE (In Full) Health Underwriters Polit	ical Action Com	mittee																	
Full Name of Individual (Last, First, A. Reddy, Michael, S., ,	Middle Initial) or Full C	rganization Name	Date of Receipt																
Mailing Address 13800 Jackson Roa	1		09 / 27 / 2016 Transaction ID : 10843951																
City Mishawaka	State	Zip Code 46544-9195																	
FEC ID number of contributing federal political committee.	С	40344-3133	Am	nount	of	Each	Rec	ceipt th	is Pe	85.0	0								
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Keystone Insurers Group	Bro	ker																	
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Full Name of Individual (Last, First, B. Nevins, Erin, , ,	Middle Initial) or Full C	rganization Name	Da	te of	Re	ceipt													
Mailing Address 1717 Central Avenu	e Suite 202		09 27 2016																
City Albany	State NY	Zip Code 12205-4759	Transaction ID : 10843952 Amount of Each Receipt this Period																
FEC ID number of contributing federal political committee.	С		63.00																
Name of Employer (for Individual) EP Nevins Insurance Agency Inc.		Occupation (for Individual) Broker						Memo Item											
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Mailing Address 15 Main St			M	09	/	27		/ Y	201		Y								
City Holmdel	State NJ	Zip Code 07733-2105						084395 ceipt thi		riod									
FEC ID number of contributing federal political committee.	C			_		,	_	y		42.0	0								
Name of Employer (for Individual) SlatteryGA, A division of Arthur J. Ga	Occ Brok	upation (for Individual) xer		Me	emo	ltem													
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ITEMIZED RECEIPTS				¥ 11a 13		11b 14	11c 15	12	17						
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Initia Phillips, Mark, , ,	al) or Full O	rganization Name		Date of Receipt										
	Mailing Address 165 Churchill Ct.			09 27 2016											
	City Fayetteville	State GA	Zip Code 30214-7801					1084395 Receipt th		1					
	FEC ID number of contributing federal political committee.	С			<u> </u>		- 1 -			.00					
	Name of Employer (for Individual) Self	Occu Broł	upation (for Individual) ker		М	emo	tem Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00												
в.	Full Name of Individual (Last, First, Middle Initia Bechtel, Annette, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 200 Galleria Pkwy SE Ste 1950	State	Zin Codo		09 / 27 / 2016 Transaction ID : 10843956										
	City Atlanta	State GA	Zip Code 30339-5946					1084395 Receipt th		1					
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	Name of Employer (for Individual) OneDigital	Occi Brol		Μ	emo	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate													
С.	Full Name of Individual (Last, First, Middle Initia Witt, Kelly, J., ,	al) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 1017 Pine Hill Way	1			09	1	27		2016	Y					
	City Carmel	State IN	Zip Code 46032-7701					1084396 Receipt th		1					
	FEC ID number of contributing federal political committee.	С			Ľ.		y	, ,	30	.00					
	Name of Employer (for Individual) American Health and Wellness Group		upation (for Individual) f Operating Officer		М	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00												
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti			made	.0 301												
A.	Full Name of Individual (Last, First, Middle Initia Johnson, Judy, Anne, ,	al) or Full O	Date of Receipt														
	Mailing Address 5581 N Barrasca Ave	State	Zip Code		[09	'	L	27		20	016	Ŷ				
	Tucson	AZ	85750-6495		A					1084396 eceipt th		Period					
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В.	Full Name of Individual (Last, First, Middle Initia Hepscher, William, , ,	al) or Full O	rganization Name			Date of	f Re	ecei	ipt								
	Mailing Address 38176 Medical Center Avenue				09 / 27 / 2016												
	City Zephyrhills	State FL	Zip Code 33540-1380		Transaction ID : 10843962 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С	85.00														
	Name of Employer (for Individual) The Canadian Drugstore	Occ Bro	upation (for Individual) ker	Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 890.0	00													
C.	Full Name of Individual (Last, First, Middle Initia Kelley, Roger, J., ,	al) or Full O	rganization Name			Date of	f Re	ecei	ipt								
	Mailing Address 710 East Main St Suite 110	04-4-			[^M 09	Ŀ.	L	27	L	20)16 [°]	Ŷ				
	City Lexington	State KY	Zip Code 40502-1602		A					1084396 eceipt th		Period					
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee										
۹.	Full Name of Individual (Last, First, Middle Initia Kirkpatrick, Karen, L., ,	l) or Full Or	rganization Name	Di	ate of	f Re	ceipt						
	Mailing Address 263 N Matteson Lake Road			09 / 27 / Y Y Y 2016									
	City Bronson	State MI	Zip Code 49028-9313	Transaction ID : 10843965 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) On Your Mark Consulting	Occu Own	ipation (for Individual) er		Me	emo	Item						
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3.	Full Name of Individual (Last, First, Middle Initia Gussin, Craig, , , Mailing Address 701 Palomar Airport Road #260	l) or Full Or	rganization Name		ate of	f Re	D 1		Y	YYY	Y		
	City Carlsbad	State CA	Zip Code 92011-1047				27 on ID : Fach F	10843		2016 5 s Period	<u> </u>		
	FEC ID number of contributing federal political committee.	С			nount			leccip		170.			
	Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ	Occu Brok	upation (for Individual) ker	- C	Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 760.00]									
).	Full Name of Individual (Last, First, Middle Initia Beck, Carolyn, , ,	l) or Full Or	rganization Name	Di	ate of	f Re	ceipt						
	Mailing Address 7321 Eagle Crest Blvd.				09	/	D 27		Y	2016 Y	Y		
	City Evansville	State IN	Zip Code 47715-8157				i on ID : Each F			7 s Period	k		
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Com	۱mi	ttee												
Α.	Full Name of Individual (Last, First, Middle Initial) Sherrod, Jeffrey, , ,	or Full C	Drga	nization Name		Date	e of	Re	ecei	pt						
	Mailing Address 3810 Holly Ridge Drive			1			9 ^M	/		27	/ Y	2016	Y			
	City	State TX		Zip Code					-		1084396	-				
	Longview			75605-2500		Amc	ount	t of	Ea	ch R	eceipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С	_			30.00										
	Name of Employer (for Individual) United Healthcare Group	Occ Bro	•	tion (for Individual)	Memo Item											
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	Primary General Other (specify) ▼		-	270.00												
в.	Full Name of Individual (Last, First, Middle Initial) Rowe, Peter, L., ,	or Full C	Orga	nization Name		Date	e of	Re	ecei	pt						
	Mailing Address 3033 N. Central Ave Suite 810					09 / D D / Y Y Y Y 27 2016										
	City	State		Zip Code		Tra	ans	acti	on	ID : 1	1084397	2				
	Phoenix	AZ		85012-2804		Amount of Each Receipt this Pe										
	FEC ID number of contributing federal political committee.	С		100.00												
	Name of Employer (for Individual) Sunwest Benefits Consulting, Inc.		cupa oker	tion (for Individual)		Memo Item										
	Receipt For: A Primary General Other (specify) ▼	vggregate	Yea	ar-to-Date ▼ 900.00												
	Full Name of Individual (Last, First, Middle Initial) Morris, George, W, ,	or Full C	Orga	nization Name		Date	e of	Re	cei	ot						
	Mailing Address 272 Penn Avenue					M)9 [™]	/	ľ	27	/ Y	2016	Y			
	City	State		Zip Code		Tr	ans	acti	ion	ID :	1084398	30				
	Salem	OH		44460-3127		Amc	ount	t of	Ea	ch R	eceipt th	nis Perio	od			
	FEC ID number of contributing federal political committee.	С	_						y		, y	50	0.00			
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SCHEDULE A (FEC Form 3X)

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	tion Com	mittee												
A.	Full Name of Individual (Last, First, Middle Initi Hazelbaker, Jay, , ,	al) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 5007 Pine Creek Drive				09 / D D / Y Y Y Y Y 28 2016										
	City Westerville	State OH	Zip Code 43081-4849					: 1084476 Receipt th	62 nis Period						
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в.	Full Name of Individual (Last, First, Middle Initi Lackey, Robert, A., ,	al) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 458 High Street, NE			09 / D D / Y Y Y Y 28 2016											
	City Warren	State OH	Zip Code 44481-1200					1084476 Receipt th	54 his Period						
	FEC ID number of contributing federal political committee.	С	30.00												
	Name of Employer (for Individual) Insurance Navigators Agency	Occi Brol	upation (for Individual) ker		Me	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]											
С.	Full Name of Individual (Last, First, Middle Initi Reinstadler, Ruppert, , ,	al) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 6443 SW Beaverton-Hillsdale H Suite 200 City	Hwy State	Zip Code		09 09	/	28	3	2016	Y					
	Portland	OR	97221-4230					: 1084476 Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	С			Ľ.		y		42.0	00					
	Name of Employer (for Individual) Coordinated Resources Group, Inc. Receipt For:	Occu Brok	upation (for Individual) er		M	emo	o Item								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00	1											
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia Brody, Andrea, , ,	al) or Full O	rganization Name	Date of Receipt										
	Mailing Address 6018 E Lowden Rd.				09 / D D / Y Y Y Y 09 28 2016									
	City Cave Creek	State AZ	Zip Code 85331-3004	_				1084476 Receipt th		iod				
	FEC ID number of contributing federal political committee.	С					-		1	12.00				
	Name of Employer (for Individual) Bravo Wellness		upation (for Individual) President of Business Developm	er	M	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 343.00											
в.	Full Name of Individual (Last, First, Middle Initia Stedt, Margaret, Evelyn, ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address P. O. Box 74325			09 / D D / Y Y Y Y 28 2016										
	City San Clemente	State CA	Zip Code 92673-0145					1084477 Receipt th	-	i a al				
	FEC ID number of contributing federal political committee.	C		85.00										
	Name of Employer (for Individual) Stedt Insurance Services	Occi Brol		M	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 815.00											
С.	Full Name of Individual (Last, First, Middle Initia Mannor, Kevin, C., ,	al) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 2205 Trautner Drive				^M 09	1	28		2016]			
	City Saginaw	State MI	Zip Code 48604-8201					1084477 Receipt th		iod				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	,	2	42.00				
	Name of Employer (for Individual) Mannor Financial Group, Inc.	Occı Own	upation (for Individual) ner		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 228.00											
s	UBTOTAL of Receipts This Page (optional)		•••••				, .	. ,	13	39.00				
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			person for the purpose of soliciting contributions to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Health Underwriters Po	litical Action Com	mittee												
Full Name of Individual (Last, Firs Underhill, Charles, E., ,	t, Middle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address PO Box 626			09 28 2016											
City Woodland Hills	State CA	Zip Code 91365-0626	Transaction ID : 10844773 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		85.00											
Name of Employer (for Individual) Underhill Insurance Agency	Occu Brok	upation (for Individual) ser	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]											
Full Name of Individual (Last, Firs B. Simpson, Anya, Y., , Mailing Address 700 Newtown Roa		rganization Name	Date of Receipt											
City	State	Zip Code	09 28 2016 Transaction ID : 10844774											
Norfolk	VA	23502-3925	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) Benefit Plans, Inc.	Occu Brol	upation (for Individual) ker	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]											
Full Name of Individual (Last, Firs C. Allard, Terry, , ,	t, Middle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 3000 A Street, Su	uite 400		09 / 28 / Y Y Y Y											
City Anchorage	State AK	Zip Code 99503-4040	Transaction ID : 10844775 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		170.00											
Name of Employer (for Individual) The Wilson Agency, LLC	Occu Brok	upation (for Individual) er	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1635.00]											
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Initi Shively, Kevin, , ,	al) or Full O	organization Name		Date of	Re	eceipt								
	Mailing Address 3800 Paluxy Dr Ste 540			09 / D D / Y Y Y Y 28 2016											
	City Tyler	State TX	Zip Code 75703-1664					1084477 Receipt th		od					
	FEC ID number of contributing federal political committee.	С						-	3	30.00					
	Name of Employer (for Individual) Blue Cross Blue Shield		upation (for Individual) rier Sales Rep		M	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]											
в.	Full Name of Individual (Last, First, Middle Initi Sullivan, Audra, I., ,	al) or Full O	organization Name		Date of	Re	eceipt								
	Mailing Address 1201 N Watson Rd Ste 287	Ctata	Zin Code	09 / 28 / 2016 Transaction ID : 10844780											
	City Arlington	State TX	Zip Code 76006-6222					1084478 Receipt th	-	od					
	FEC ID number of contributing federal political committee.	С					1			80.00					
	Name of Employer (for Individual) Vogue Insurance Agency, LLC	Occi Brol	upation (for Individual) ker	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]											
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Stearns, Candius, Michelle, ,	al) or Full O	Organization Name		Date of	Re	eceipt								
	Mailing Address 3290 W Big Beaver Rd Ste 503				M M 09	/	28		2016						
	City Troy	State MI	Zip Code 48084-2917					1084478 Receipt th		od					
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		8	35.00					
Name of Employer (for Individual) Mason-McBride/DFB			upation (for Individual) ker		M	emo	b Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 745.00]											
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NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee												
Full Name of Individual (Last, First, Mid A. Currier, Craig, Thomas, ,	ddle Initial) or Full O	rganization Name	Date of Receip	ot										
Mailing Address 11213 Davenport St. Ste. 201	0	7: 0.1	09 / 28 / 2016											
City Omaha	State NE	Zip Code 68154-2604	Transaction ID : 10844798 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		63.00											
Name of Employer (for Individual) Aon Risk Solutions	Occi Brol	upation (for Individual) ker	Memo Iter	m										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00												
Full Name of Individual (Last, First, Mid B. Hombroek, Al, , ,	ddle Initial) or Full O	rganization Name	Date of Receip	νt										
Mailing Address 30 Lumpkin St, Suite D			09 / 28 / Y Y Y Y Y 2016											
City	State GA	Zip Code	Transaction I											
	GA	30046-8410	Amount of Eacl	h Receipt thi	s Period									
FEC ID number of contributing federal political committee.	C		85.00											
Name of Employer (for Individual) Multiple Benefits Corporation	Occ Bro	upation (for Individual) ker	Memo Iter	m										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00												
Full Name of Individual (Last, First, Mid C. Smith, Paul, E., ,	ddle Initial) or Full O	rganization Name	Date of Receip	ot										
Mailing Address 100 Queen Street				28 / Y	y y 2016	Y								
City	State CT	Zip Code 06489-2052	Transaction I											
Southington		00469-2032	Amount of Eacl	h Receipt thi	s Period	_								
FEC ID number of contributing federal political committee.	C				175.0	00								
Name of Employer (for Individual) Paul E Smith Insurance, LLC	Occi Brok	upation (for Individual) er	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1800.00												
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PAGE 91 OF

			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.												
(<i>, ,</i>	ction Com	nittee													
ibenow, Douglas, , ,	w, Douglas, , ,														
Suite 203	State	Zip Code	09 28 2016 Transaction ID : 10844803												
oorestown	NJ	08057-2345	Amount of Each Receipt this Period												
0	С		42.00												
			Memo Item												
ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00													
	nitial) or Full Or	ganization Name	Date of Receipt												
iling Address PO Box 6398			09 / 28 / Y Y Y Y Y 2016												
	State WV	Zip Code 25362-0398	Transaction ID : 10844809 Amount of Each Receipt this Period												
0	С		30.00												
		· · · · · ·	Memo Item												
ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 368.00													
		ganization Name	Date of Receipt												
Suite 1			09 / 28 / Y Y Y Y												
	State MN	Zip Code 55110-3039	Transaction ID : 10844814 Amount of Each Receipt this Period												
5	С		30.00												
ena Resource		,	Memo Item												
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1												
	ME OF COMMITTEE (In Full) ealth Underwriters Political A I Name of Individual (Last, First, Middle I Ibenow, Douglas, , , Illing Address 214 West Main Street Suite 203 / borestown C ID number of contributing eral political committee. me of Employer (for Individual) benow Agency ceipt For: Primary General Other (specify) ▼ I Name of Individual (Last, First, Middle I amilton, Brett, Michelle, , Illing Address PO Box 6398 / arleston C ID number of contributing eral political committee. me of Employer (for Individual) ck Horse Financial Advisors ceipt For: Primary General Other (specify) ▼ I Name of Individual (Last, First, Middle I amilton, Brett, Michelle, , Illing Address PO Box 6398 / arleston C ID number of contributing eral political committee. me of Employer (for Individual) ck Horse Financial Advisors ceipt For: Primary General Other (specify) ▼ I Name of Individual (Last, First, Middle I aValle-Tumbleson, Heather, LC Illing Address 2214 5th St Suite 1 / hite Bear Lake C ID number of contributing eral political committee. me of Employer (for Individual) char Agency for: Primary General	ME OF COMMITTEE (In Full) ealth Underwriters Political Action Committee I Name of Individual (Last, First, Middle Initial) or Full Or ubenow, Douglas, , , illing Address 214 West Main Street Suite 203 // or present of contributing eral political committee. me of Employer (for Individual) Other (specify) Primary General Other (specify) Name of Individual (Last, First, Middle Initial) or Full Or amilton, Brett, Michelle, , illing Address PO Box 6398 // // State WV C ID number of contributing eral political committee. WV C ID number of contributing eral political committee. Me of Employer (for Individual) C C Primary General Other (specify) Primary General Other (specify) Primary General Other (specify) I Name of Individual (Last, First, Middle Initial) or Full Or aValle-Tumbleson, Heather, Louise, , Iling Address 2	Bealth Underwriters Political Action Committee I Name of Individual (Last, First, Middle Initial) or Full Organization Name ibernow, Douglas, , , illing Address 214 West Main Street Suite 203 State Zip Code 08057-2345 C ID number of contributing eral political committee. C me of Employer (for Individual) Occupation (for Individual) Broker Primary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) Tip Code WV IN ame of Individual (Last, First, Middle Initial) or Full Organization Name amilton, Brett, Michelle, , Illing Address PO Box 6398 V // State Zip Code WV 25362-0398 C C State Zip Code WV 25362-0398 C C State Zip Code WV 25362-0398 C C State Zip Code WV 25362-0398 C // Aggregate Year-to-Date ▼ Primary General Occupation (for Individual) Broker 2010 rumber of contributing eral political committee. Aggregate Year-to-Date ▼ //												

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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee													
	Full Name of Individual (Last, First, Middle Ir Pozniak, Naama, O., ,	nitial) or Full O	rganization Name	C	Date of Receipt											
	Mailing Address 12500 Riverside Drive, #206				^M 09	/	Ľ	28		/ Y	ү 2016	Y				
	City Valley Village	State CA	Zip Code 91607-3437	A						844820 eipt thi	0 is Period					
	FEC ID number of contributing rederal political committee.	С		250.00												
	Name of Employer (for Individual) A + Insurance Service	Occu Brok	ipation (for Individual) er	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 605.00]												
	Full Name of Individual (Last, First, Middle Ir Childers, Russell, B., ,	nitial) or Full O	rganization Name		ate of	Re	cei	pt								
	Mailing Address PO Box 1547				09 / 28 / 2016											
	City Americus	State GA	Zip Code 31709-1547	Transaction ID : 10844832 Amount of Each Receipt this Period												
	FEC ID number of contributing ederal political committee.	С			90.00											
	Name of Employer (for Individual) Russ Childers, CLU	Occu Broł	upation (for Individual) Ker		M	emo	lte	эm								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00]												
	Full Name of Individual (Last, First, Middle Ir Shores, Thomas, E., ,	nitial) or Full O	rganization Name		ate of	Re	cei	pt								
	Mailing Address 8596 W Bolsa Ct.				^M 09	/	Γ	28		/ Y	2016 Y	Y				
	City Boise	State ID	Zip Code 83709-5196	A						84499 eipt thi	2 is Period					
	FEC ID number of contributing rederal political committee.	С			_		,	_	-	9	42	.00				
	Name of Employer (for Individual) T.A. Shores Inc.	Occu Brok	ipation (for Individual) er	Memo Item												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00]												
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$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee														
Α.	Full Name of Individual (Last, First, Middle Initia Moriello, Nicholas, A., ,	al) or Full O	rganization Name		Date	of R	ec	ceir	ot								
	Mailing Address 260 Chapman Road Suite 107	Otata		09 30 2016 Transaction ID : 10845251													
	City Newark	State DE	Zip Code 19702-5410					-					oriod				
	FEC ID number of contributing federal political committee.	С			Amou			-au		ece	apt th	t this Period 100.00					
	Name of Employer (for Individual) Savoy Associates	Occ Brol	upation (for Individual) ker	Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00]													
в.	Full Name of Individual (Last, First, Middle Initia Arif, Jameel, E., ,	rganization Name	Date of Receipt														
	Mailing Address 6200 Schaefer Road			09 30 2016										Y			
	City Dearborn	State MI	Zip Code 48126-2211								345258 eipt thi	-	eriod				
	FEC ID number of contributing federal political committee.	С		365.00 Memo Item													
	Name of Employer (for Individual) New Millennium Financial Services, LLC	Occ Age	upation (for Individual) ent														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00														
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Dixon, Russell, R., ,	al) or Full O	rganization Name		Date	of R	ec	ceir	ot								
	Mailing Address PO Box 27				[™] 09		/	D	14		/ Y		16	Y			
	City Wheaton	State IL	Zip Code 60187-0027								88 2618 eipt thi		eriod				
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			y person for the purpose of soliciting contributions					
	the name and a	address of any political commi	ttee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Political /	Action Corr	mittoo						
Full Name of Individual (Last, First, Middle	Initial) or Full C	Organization Name						
Smith, Kevin, W., ,			Date of Receipt					
Mailing Address 2000 RiverEdge Parkway								
Suite 1010 City	State	Zip Code	09 13 2016					
Sandy Springs	GA	30328-4657	Transaction ID : 10882715 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		0.00					
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KSA Insurance Agency, LLC Receipt For:								
Primary General	Aggregate	Year-to-Date ▼	Refund(s) on Schedule B Totaling \$50.00 This					
Other (specify) ▼		450.00	the YTD Total to \$450.00					
Full Name of Individual (Last, First, Middle	Initial) or Full C	Organization Name						
	Thompson, Hillary, , ,							
Mailing Address 13800 Jackson Rd	09 21 2016							
City	State	Zip Code	Transaction ID : 10882733					
Mishawaka	IN	46544-9195	Amount of Each Receipt this Period					
FEC ID number of contributing								
federal political committee.	C		0.00					
Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)							
Keystone Insurer's Group	Bro	ker						
Receipt For:	Aggregate	Year-to-Date 🔻						
Primary General Other (specify) ▼		72.00	Refund(s) on Schedule B Totaling \$150.00 This					
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	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name							
. VanDenburgh, Debby, , ,			Date of Receipt					
Mailing Address 140 Washington			09 19 2016					
City	State	Zip Code	Transaction ID : 10882742					
Reno	NV	89503-5688	Amount of Each Receipt this Period					
FEC ID number of contributing			0.00					
federal political committee.	e e e e e e e e e e e e e e e e e e e							
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The Laughton Company	e of Employer (for Individual) Occupation (for Individual) Laughton Company Partner							
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Primary General	Aggregate		Refund(s) on Schedule B Totaling \$150.00 This					
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	ndividual (Last, First, Middle Heather, Lee, ,	e Initial) or Full O	rganization Name		Date of	f Re	eceipt						
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City Mesa		State AZ	Zip Code 85202-6633		Trans Amount		ion ID Each I			-			
FEC ID numbe federal political	r of contributing committee.	С	C						-9	_	30.0	0	
Affiliated Insura	oyer (for Individual) nce Solutions	Occu Brok	upation (for Individual) ker		M	emo	ltem						
Receipt For: Primary Other (sp	For: Aggregate Year-to-Date V							P/R Deduction (\$30.00 Monthly)					
B. Villagran, D		e Initial) or Full O	rganization Name		Date of	f Re	eceipt						
	^S 1016 Santa Fe, #205							09 / 0 / Y Y Y Y 2016					
City Corpus Christi		State TX	Zip Code 78404-2343		Transaction ID : PR433061214304 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.					30.00					0			
Name of Emplo Entrust, Inc.	oyer (for Individual)	Occi Brol		Memo Item									
Receipt For: Primary Other (sp	General Decify) ▼	Aggregate	Year-to-Date ▼ 270.00	P	/R Ded	uctio	on (\$30	0.00	Month	ly)			
c. Schreder,		e Initial) or Full O	rganization Name		Date of	f Re	eceipt						
	^S 130 North 25th Street							0		20		Y	
City Fort Dodge		State IA	Zip Code 50501-4338				ion ID						
	r of contributing committee.	C						Rec	eipt th	IS P	eriod 50.0	0	
Name of Emplo KHI Solutions	oyer (for Individual)	Occu Brok		M	emc	tem							
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SCHEDULE A (FEC Form 3X)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12				
An	v information copied from such Reports and S	Statements ma	v not be sold or used by any r	13 14 15 16 berson for the purpose of soliciting contributions				
	for commercial purposes, other than using the							
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee					
A.	Full Name of Individual (Last, First, Middle In Stock, Tiffany, , ,	tial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 3111 C St. Suite 500			M M / D D / Y Y Y Y 09 30 2016				
	City Anchorage	State AK	Zip Code 99503-3973	Transaction ID : PR433079014304 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) Northrim Benefits Group	Occu Brok	ipation (for Individual) er	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)				
B.	Full Name of Individual (Last, First, Middle In Adams, Carla, , ,	itial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 2229 Mesa Brook	09 / D D / Y Y Y Y 2016						
	City Schertz	State TX	Zip Code 78154-1975	Transaction ID : PR433095014304 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer (for Individual) Total Administrative Services Corporat	Occu Brol	upation (for Individual) ker	Memo Item				
	Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$30.00 Monthly)						
с.	Full Name of Individual (Last, First, Middle In Davies, Melissa, , ,	tial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 9425 Double R Blvd Ste F	01-1-	75.004	09 / D D / Y Y Y Y Y 2016				
	City Reno	State NV	Zip Code 89521-5928	Transaction ID : PR433115414304 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer (for Individual) Clark and Associates	Occu Brok	ipation (for Individual) er	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)				

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee						
Full Name of Individual (Last, First, Middle Brown, Madeleine, , ,	e Initial) or Full C	organization Name	Date of Receipt					
Mailing Address P.O. Box 1490,			09 / D D / Y Y Y Y 2016					
City Jackson	State MS	Zip Code 39215-1490	Transaction ID : PR433118914304					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 85.00					
Name of Employer (for Individual) Fisher Brown Bottrell Insurance, Inc	Occ	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 865.00	P/R Deduction (\$85.00 Monthly)					
Full Name of Individual (Last, First, Middle B. Deacon, Joseph, H., ,	e Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 221 1/2 Hale Street PO Box 2831			09 30 / Y Y Y Y 2016					
City Charleston	State WV	Zip Code 25301-2207	Transaction ID : PR433129314304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00 Memo Item					
Name of Employer (for Individual) Deacon & Deacon Insurance Agency	Occ Bro	upation (for Individual) ker						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Middle C. McFerrin, Dwane, C., ,	e Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 8420 West Dodge Road Suite 510			09 / D D / Y Y Y Y 2016					
City Omaha	State NE	Zip Code 68114-3432	Transaction ID : PR433168114304					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) Senior Market Sales, Inc.	Occ	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)					
SUBTOTAL of Receipts This Page (optional)		200.00					
TOTAL This Period (last page this line num	ber only)	••••••						

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 98 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12					
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee						
Full Name of Individual (Last, First, Middle A. Barrett, William, J., ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 7400 West Campus Road			M M / D D / Y Y Y Y 09 30 2016					
City New Albany	State OH	Zip Code 43054-8725	Transaction ID : PR433180614304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer (for Individual) Aetna	Occ	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Middle Christensen, H Elizabeth, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3013 Sonora Canyon Rd	State	Zip Code	09 / 30 / 2016					
Weatherford	TX	76087-8215	Transaction ID : PR433187714304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) United Senior Services of Texas	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 445.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Middle C. Rifkin, Robert, L., ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 7 Stonewall Lane			09 30 / Y Y Y Y 2016					
City Mamaroneck	State NY	Zip Code 10543-1025	Transaction ID : PR433196814304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.00					
Name of Employer (for Individual) Insurance & Financial Services	Occi Brok	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)					
SUBTOTAL of Receipts This Page (optional)			102.00					

SCHEDULE A (FEC Form 3X) ____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 99 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			13 14 15 16 17 berson for the purpose of soliciting contributions te to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee					
Full Name of Individual (Last, First, Midd Dorman, Harry, , ,	le Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1500 N Casaloma Dr Su	1		09 / D D / Y Y Y Y 09 30 2016				
City Appleton	State WI	Zip Code 54913-8219	Transaction ID : PR433197414304 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) Medicare Masters, LLC	Occi Age	upation (for Individual) nt	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)				
Full Name of Individual (Last, First, Midd B. Long, Scott, W. , ,	le Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1715 Greenway Village	1		09 / 0 / Y Y Y Y 09 30 / 2016				
City Katy	State TX	Zip Code 77494-2175	Transaction ID : PR433206814304				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer (for Individual) Transamerica Employee Benefits		upation (for Individual) es Manager	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)				
Full Name of Individual (Last, First, Midd C. Brittain, Jennifer, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brittain, Jennifer, , ,						
Mailing Address 208 N. Mill			09 / D D / Y Y Y Y 09 30 2016				
City Pryor	State OK	Zip Code 74361-2422	Transaction ID : PR433214314304 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		42.00				
Name of Employer (for Individual) Brown & Brown, Inc.	Occi Brok	upation (for Individual) er	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 469.00	P/R Deduction (\$42.00 Monthly)				
SUBTOTAL of Receipts This Page (optional	al)		102.00				
TOTAL This Period (last page this line nur	nber only)						

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 100 OF

		Detailed Summary Page	×	11a		11b	11c	12			
Any information copied from such Reports	and Statements ma	av not be sold or used by any p	erson f	13 or the	purr	14 bose of s	15 solicitina	16 contributi	17 ons		
or for commercial purposes, other than us											
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee									
Thealth Onderwhiters I Ontic		Innitee									
Full Name of Individual (Last, First, Mic A. Gerken, Barbara, Ann, ,	ddle Initial) or Full C	organization Name		Date of	Re	ceipt					
Mailing Address 1775 Indian Wood Circ	le			м м	/	D D D 30	/ Y	2016	Y		
City	State	Zip Code		Trans	acti	the second second	PR43326	8314304			
Maumee	OH	43537-4010	A	mount	of	Each Re	eceipt th	is Period			
FEC ID number of contributing federal political committee.	s a l							30.0			
Name of Employer (for Individual) First Insurance Group		upation (for Individual) ector		Me	emo	Item					
Receipt For:			_								
Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00					P/R Deduction (\$30.00 Monthly)				
Full Name of Individual (Last, First, Mid B. McCann Potter, Amanda, , ,	ddle Initial) or Full C	organization Name		Date of	Re	ceipt					
Mailing Address 911 Midkiff			09 30 / Y Y Y Y 09 30 2016								
City	State	Zip Code 79701		Transaction ID : PR433277614304							
Midland	ТХ	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	С					30.00				
Name of Employer (for Individual) Aflac		Occupation (for Individual) Broker				Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 270.00					0 Month	ly)			
Full Name of Individual (Last, First, Mic C. Thams, Todd, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name										
Mailing Address 1209 Broadway				м м 09	/	30	/ Y	ү 2016	Y		
City	State	Zip Code		Trans	acti	ion ID : F	PR43330	08314304	_		
Denison	IA	51442-2632	A	mount	of	Each Re	eceipt th	is Period			
FEC ID number of contributing federal political committee.	C					y .	9	85.0	0		
Name of Employer (for Individual) Thams Agency											
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify)		255.00					P/R Deduction (\$85.00 Monthly)				
SUBTOTAL of Receipts This Page (optio	nal)		. [145.0	0		
TOTAL This Period (last page this line n	umber only)	· · · · · · · · · · · · · · · · · · ·				,	-				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 101 OF

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11				
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee					
Full Name of Individual (Last, First, Mic Spleet, Michael, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 2444 East Hill Rd.			09 30 Y Y Y Y Y 2016				
City Grand Blanc	State MI	Zip Code 48439-5098	Transaction ID : PR433316614304 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		75.00				
Name of Employer (for Individual) Franklin Benefit Solutions	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 651.00	P/R Deduction (\$75.00 Monthly)				
Full Name of Individual (Last, First, Mid B. Drake, Laura, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 401 Gooding St N #10	09 30 / Y Y Y Y 2016						
City Twin Falls	State	Zip Code 83301-6177	Transaction ID : PR433504414304				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer (for Individual) Laura Drake Insurance	Occ Age	upation (for Individual) ent	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)				
Full Name of Individual (Last, First, Mic C. Farnsley, Mindy, Payne, ,	ddle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 3702 Brownsboro Rd	Mailing Address 3702 Brownsboro Rd						
City Louisville	State KY	Zip Code 40207-1820	Transaction ID : PR433519214304 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		30.00				
Name of Employer (for Individual) Preferred Benefits	Occi Brok	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)				
SUBTOTAL of Receipts This Page (optic	nal)		135.00				
TOTAL This Period (last page this line n	umber only)	······					

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Use separate schedule(s)	(check only one)
for each category of the	
Detailed Summary Page	X 11a 11

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
or	y information copied from such Reports and State for commercial purposes, other than using the na						
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actic	on Com	mittee				
Α.	Full Name of Individual (Last, First, Middle Initial) Levit, Donald, , , Mailing Address 5120 Woodway Dr Suite 10023						
	City	State	Zip Code	09 30 2016 Transaction ID : PR433679114304			
	Houston	тх	77056-1725	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer (for Individual) National Prosperity Life and Health In		upation (for Individual) ounder	Memo Item			
	Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$100.00 Monthly)					
	Full Name of Individual (Last, First, Middle Initial) Golden, Johnna, , ,	or Full O	rganization Name	Date of Receipt			
	Mailing Address 2550 Denali Street, Suite 1404	09 30 / Y Y Y Y Y 09 30 2016					
	City Anchorage	State AK	Zip Code 99503-2753	Transaction ID : PR433692814304 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		30.00			
	Name of Employer (for Individual) Premera Blue Cross Blue Shield of Alas		upation (for Individual) ount Manager	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)			
C.	Full Name of Individual (Last, First, Middle Initial) Skinner, Roger, W., ,	Date of Receipt					
	Mailing Address 4010 State Street	09 30 2016					
	City Tampa	State FL	Zip Code 33609-1264	Transaction ID : PR436789414304			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer (for Individual) Argus Dental and Vision	Occu Brok	upation (for Individual) er	Memo Item			
	Boosint For:		Year-to-Date ▼ 274.50	P/R Deduction (\$30.50 Monthly)			
s	UBTOTAL of Receipts This Page (optional)		•	160.50			
т	OTAL This Period (last page this line number only	y)	••••••				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee						
Full Name of Individual (Last, First, Middle A. Garven, John, P., ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address P. O. Box 8 11715 East Main Street -			M M / D D / Y Y Y Y 09 30 2016					
City Huntley	State IL	Zip Code 60142-0008	Transaction ID : PR436791114304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.00					
Name of Employer (for Individual) Benico, LTD	Occ	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)					
Full Name of Individual (Last, First, Middle B. Rippinger, John, F., ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 11047 E Verbena Lane			09 30 / Y Y Y Y 2016					
City Scottsdale	State AZ	Zip Code 85255-2411	Transaction ID : PR436793514304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Insurance Look LLC	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Middle C. Van Zant, Catherine, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 3425 N. Futrall Drive, Sui	1		09 30 / Y Y Y Y 2016					
City Fayetteville	State AR	Zip Code 72703-4816	Transaction ID : PR436801914304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Stephens Insurance, LLC		upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)					
SUBTOTAL of Receipts This Page (optional)		102.00					
TOTAL This Period (last page this line num	ber only)							

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 104 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Health Underwriters Politica	-						
Full Name of Individual (Last, First, Mid Kern, Roy, W., , Mailing Address 3015 South Fort Avenue		rganization Name	Date of Receipt				
City	State	Zip Code	09 30 2016 Transaction ID : PR436804514304				
Springfield	MO	65807-4311	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) Kern Insurance Services, LLC	Occi Brol	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General						
Full Name of Individual (Last, First, Mid B. Hartman, Gerald, G , ,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address PO Box 5716			M = M / D = D / Y = Y = Y = Y Y 09 30 _2016				
City Boise	State ID	Zip Code 83705-0716	Transaction ID : PR436808014304 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) Insurance Network America Inc	Occ Bro	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)				
Full Name of Individual (Last, First, Mid C. Rowe, Eugene, L., ,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 16000 Ventura Blvd			09 / D D / Y Y Y Y Y 2016				
City Encino	State CA	Zip Code 91436-2744	Transaction ID : PR436817914304				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer (for Individual) R & R Retirement and Insurance Service							
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)				
SUBTOTAL of Receipts This Page (option	nal)		105.00				
TOTAL This Period (last page this line nu	mber only)						

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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				or each category of the Detailed Summary Page	X	11a		1	1b	11c		12					
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	y information copied from such Reports and S for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac																
A.	Full Name of Individual (Last, First, Middle Init Christian, Brad, L, ,	lame of Individual (Last, First, Middle Initial) or Full Organization Name stian, Brad, L, ,						Date of Receipt									
	Mailing Address PO Box 188 City State Zip Code							′	D D 30	/ Y) 016	Y				
	City Clatonia	State NE		Transaction ID : PR436821014304 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С		10.00													
	Name of Employer (for Individual) Insurance & Investments	Occ Bro		Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 405.00	P/R Deduction (\$10.00 Monthly)												
в.	Full Name of Individual (Last, First, Middle Ini Trautwein, Janet, , ,	tial) or Full C	Orgar	nization Name		Date of Receipt											
	Mailing Address 1212 New York Ave. NW, Ste 1100						M M / D D / Y Y Y Y 09 30 2016										
	City Washington	State DC		Transaction ID : PR436821414304 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.						170.00										
	Name of Employer (for Individual) NAHU		Memo Item														
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/	P/R Deduction (\$170.00 Monthly)													
с.	Full Name of Individual (Last, First, Middle Ini Sutherland, William, L., ,	tial) or Full C	Orgar	nization Name		Date of	of Re	ece	eipt								
	Mailing Address P.O Box 795008 131 Interpark Blvd.						09 / 0 / Y Y Y Y 09 / 30 / 2016										
	City San Antonio	State TX		Zip Code 78279-5008					n ID : F ach Be								
	FEC ID number of contributing federal political committee.	С					Amount of Each Receipt this Period										
	Jame of Employer (for Individual)Occupation (for Individual)Vortham Insurance & Risk ManagementBroker						Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	P	P/R Deduction (\$100.00 Monthly)													
s	UBTOTAL of Receipts This Page (optional)											280.0	00				
Т	OTAL This Period (last page this line number	only)			-			,		, ,							

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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TEMIZED RECEIPTS		Detailed Summary Page	×	11a		11b		11c	12						
Anna lafa marakina di 1970 da 20				13		14		15	16	17					
Any information copied from such Rep or for commercial purposes, other than															
NAME OF COMMITTEE (In Full)															
> Health Underwriters Poli	tical Action Com	mittee													
Full Name of Individual (Last, First, Rios-Carl, Elizabeth, E., ,							Date of Receipt								
Mailing Address 210 North Campbe		09 / D D / Y Y Y Y 09 2016													
City El Paso	State TX	Zip Code 79901-1406		Transaction ID : PR436824514304											
		79901-1400	_ /	_ Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С			50.00											
Name of Employer (for Individual) Houghton Financial Partners LLC		Occupation (for Individual) Broker													
Receipt For:															
Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	P/	P/R Deduction (\$50.00 Monthly)											
Full Name of Individual (Last, First, B. Besselman, Thomas, , ,	Middle Initial) or Full C	rganization Name		Date of	Re	eceipt									
Mailing Address 6421 Perkins Rd., #		09 30 2016													
City	State						Transaction ID : PR436824614304								
Baton Rouge	LA	70808-6200	A	mount	of	Each	Re	ceipt th	nis Period						
FEC ID number of contributing federal political committee.	ů l							250.00							
Name of Employer (for Individual) Gallagher Benefit Services	Name of Employer (for Individual)Occupation (for Individual)Gallagher Benefit ServicesBroker														
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 2250.00						00 Mon	thly)						
Full Name of Individual (Last, First, C. Patton, Jesse, A., ,	Middle Initial) or Full C	rganization Name		Date of	Re	eceipt									
Mailing Address 1112 Maple Street							30	/ Y	ү 2016	Y					
City	State	Zip Code		Trans	acti	ion II	D : P	R4368	29514304	ŀ					
West Des Moines	IA	50265-4420	A	Mount	of	Each	Re	ceipt th	nis Period						
FEC ID number of contributing federal political committee.	C	C						y	350.	00					
Name of Employer (for Individual)	Associations Marketing Group, Inc. Broker Receipt For: Aggregate Year-to-Date														
Associations Marketing Group, Inc.															
Receipt For:								-							
Other (specify)		3150.00		P/R Deduction (\$350.00 Monthly)											
SUBTOTAL of Receipts This Page (o	ptional)		.			9			650.	00					
TOTAL This Period (last page this lin	e number only)	•				-		-							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)	FOR LINE NUMBER: (check only one)							
for each category of the Detailed Summary Page	🗶 11a 🗌 11b 🗍							

		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1							
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma le name and a	ay not be sold or used by any p ddress of any political committe	e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee								
Full Name of Individual (Last, First, Middle Ir Berman, David, A, ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6510 N. Shadeland Avenue	M = M / D = D / Y = Y = Y Y 09 30 2016									
City Indianapolis	State IN	Zip Code 46220-4369	Transaction ID : PR436829714304 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) Neace Lukens Holding Company, Inc.										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 890.00	P/R Deduction (\$85.00 Monthly)							
Full Name of Individual (Last, First, Middle Ir Ashmore, Elizabeth, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6102 82nd St, Bldg #6	09 30 2016									
City Lubbock	State TX	Zip Code 79424-0803	Transaction ID : PR436830314304 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		170.00							
Name of Employer (for Individual) Ashmore & Associates Insurance Agency,	Occ	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1530.00	P/R Deduction (\$170.00 Monthly)							
Full Name of Individual (Last, First, Middle Ir , Kramer, Mary, B., ,	nitial) or Full O	rganization Name	Date of Receipt							
	iling Address 13810 National Bank Parkway, Suite									
City Omaha	State NE	Zip Code 68154	Transaction ID : PR436836214304 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		42.00							
Name of Employer (for Individual) Holmes Murphy & Associates	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)							
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			297.00							

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SCHEDULE A (FEC Form 3X) ____

Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)										
			for each category of the Detailed Summary Page		1 1a		11b	11c	12						
	y information copied from such Reports and Sta for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee												
Α.	Full Name of Individual (Last, First, Middle Initia Grundman, Robert, A., ,	al) or Full Or	I) or Full Organization Name				Date of Receipt								
	Mailing Address 7412 Karl Drive						09 / D D / Y Y Y Y 2016								
	City Lincoln	State NE	Zip Code 68516-4368		Transaction ID : PR436838914304 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer (for Individual) Senior Benefit Strategies	ipation (for Individual) er		Me	emo	tem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$50.00 Monthly)												
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name • Matznick, Michael, E., ,						eceipt								
	Mailing Address 3150 N. Elm Street Suite 201				09 / D D / Y Y Y Y 2016										
	City Greensboro	State Zip Code NC 27408-3840			Transaction ID : PR436839814304 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.														
	Name of Employer (for Individual) EbenConcepts Company	upation (for Individual) ker		Me	emc	tem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00] 『	P/R Deduction (\$100.00 Monthly)										
C.	Full Name of Individual (Last, First, Middle Initia Cociu, Dorothy, M., ,	al) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address P.O. Box 6677						09 / D D / Y Y Y Y 09 30 2016								
	City Fullerton	State CA	Zip Code 92834-6677			nsaction ID : PR436844614304 nt of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					y .	,	85.	00					
	Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	ipation (for Individual) er		Me	emo	tem									
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 765.00				ucti	on (\$85	5.00 Mont	hly)						
s	UBTOTAL of Receipts This Page (optional)			▶ _		_	y .	. ,	235.0	00					
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Use separate schedule(s)

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PAGE 109 OF

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 15 rerson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee							
Full Name of Individual (Last, First, Mide Wright, Keith, L., ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 401 W Front St Ste 4			09 30 2016						
City Traverse City	State MI	Zip Code 49684-2259	Transaction ID : PR436848514304 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Wright Insurance Group	Occu Brok	upation (for Individual) ser	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Mide Fortenberry, H. Larry, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address PO Box 16566			09 / D D / Y Y Y Y 2016						
City Jackson	State MS	Zip Code 39236-6566	Transaction ID : PR436852614304						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 42.00						
Name of Employer (for Individual) Executive Planning Group, P.A.	Occu Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)						
Full Name of Individual (Last, First, Mide Bean, Darrald, T., ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3922 Rampart ST			09 / D D / Y Y Y Y 2016						
City Boise	State ID	Zip Code 83704-4557	Transaction ID : PR436853314304 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Bean Insurance	Occu Brok	upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)						
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Use separate schedule(s)

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PAGE 110 OF

ITEMIZED RECEIPTS		Use separate schedule(s)			(check only one)							
			for each category of the Detailed Summary Page		1a 3	11b	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for	the p	urpose c	of soliciting	g contribu	tions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initia Swayne, Tom, , ,	al) or Full Oi	rganization Name	Da	te of I	Receipt						
	Mailing Address PO Box 31029				09 [™]	/ D 3(ү ү 2016	Y			
	City Charleston	State SC	Zip Code 29417-1029				: PR4368 Receipt th					
	FEC ID number of contributing federal political committee.	С						100.	00			
	Name of Employer (for Individual) David M. Gilston Insurance Agency, Inc	Occu Brok	upation (for Individual) er		Mer	no Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	P/R	Dedu	ction (\$1	00.00 Mon	thly)				
в.	Full Name of Individual (Last, First, Middle Initia Freeman, Michael, J., ,	al) or Full Oi	rganization Name	Da	te of I	Receipt						
	Mailing Address 3511 Camino Del Rio South Suite 303	State	Zin Oode		м 09	/ D		2016	Ŷ			
	City San Diego	State Zip Code CA 92108-4043 C Occupation (for Individual) Agent			Transaction ID : PR436861814304 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.				30.00							
	Name of Employer (for Individual) Countywide Health Ins. Services, Inc.				Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)								
с.	Full Name of Individual (Last, First, Middle Initia Keeling, George, R., ,	al) or Full O	rganization Name	Da	te of I	Receipt						
	Mailing Address P.O. Drawer K-1630 507 Avenue G	1 -				09 / D D / Y Y Y Y 09 30 2016						
	City Levelland	State TX	Zip Code 79336-3720				: PR4368 Receipt th					
	FEC ID number of contributing federal political committee.							85.	_			
	Name of Employer (for Individual) George R. Keeling Insurance Agency	Occu Brok	ipation (for Individual) er		Memo Item							
Receipt For: Aggreen and and and and and and and and and an			Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)				_	,	,	215.	00			
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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Detailed Summary Page	X 11a 11

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee									
Full Name of Individual (Last, First, Mid Mobley, Sandra, V., , Mailing Address 137 Executive Dr. Suite	-	rganization Name	Date of Receipt								
City	State	Zip Code	09 30 2016 Transaction ID : PR436869314304								
Madison	MS	39110-8456	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		50.00								
Name of Employer (for Individual) Mobley Insurance Agency LLC	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)								
Full Name of Individual (Last, First, Mid B. Wilson, Paula, L., ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 31930 Daniel Way			09 30 / Y Y Y Y								
City Temecula	State CA	Zip Code 92591-2129	Transaction ID : PR436873514304 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Paula Wilson, Inc.	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)								
Full Name of Individual (Last, First, Mid C. Rainwater, Kathy, M., ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 515 West Southwest Lo	oop 323		09 / D D / Y Y Y Y 2016								
City Tyler	State TX	Zip Code 75701-9455	Transaction ID : PR436873714304 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Threlkeld & Company Insurance	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)								
SUBTOTAL of Receipts This Page (option	nal)	••••••	220.00								
TOTAL This Period (last page this line nu	imber only)	••••••									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 112 OF

			Detailed Summary P		×	11a		11b		11c	12				
				uy c		13		14		15	16	;	17		
or	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee												
۹.	Full Name of Individual (Last, First, Middle Ini Stuart, Rodney, , ,	tial) or Full O	rganization Name			Date of Receipt									
	Mailing Address 600 E Carmel Dr Suite 100					м м 09	1		30	/ Y	2016				
	City Carmel	State IN	Zip Code 46032-2805							R4368					
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer (for Individual) Strategic Insurance Inc.	Occi Brol	upation (for Individual) ter			Me	emo	lter	n						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450).00] P	/R Ded	uctio	on (\$	50.0	0 Montl	ıly)				
	Full Name of Individual (Last, First, Middle Ini Varisco, David, W., ,	tial) or Full O	rganization Name			Date of	Re	ceip	t						
	Mailing Address 502 Paris St.					м м 09	1		^р 30	/ Y	2016				
	City Lafayette	State LA	Zip Code 70506-5249			Trans: Amount				R43689 ceipt th		-			
	FEC ID number of contributing federal political committee.	С		30.00											
	Name of Employer (for Individual) Oxford Asset Management,LLC	Occ Par		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 27	0.00	P/R Deduction (\$30.00 Monthly)										
	Full Name of Individual (Last, First, Middle Ini Spragins, Jackie, L., ,	tial) or Full O	rganization Name			Date of	Re	ceip	t						
	Mailing Address P O Box 2073					^M 09	1		30	/ Y	2016				
	City Wichita Falls	State TX	Zip Code 76307-2073			Trans Amount		-		R4368		-			
	FEC ID number of contributing federal political committee.	С						,		y .		50.00			
	Name of Employer (for Individual) Allred-Thompson-Mason-Daugherty Insura	Occi Proc	Memo Item												
	Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$50.00 Monthly)												
S	JBTOTAL of Receipts This Page (optional)							9		5	13	80.00			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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PAGE 113 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	I Action Committee	
Full Name of Individual (Last, First, Midd A. Fagen, John, G., ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address PO Box 19		09 / 0 / Y Y Y Y 09 30 / 2016
City Demotte	State Zip Code IN 46310-0019	Transaction ID : PR436896514304
	40310-0019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer (for Individual) Financial Arts Inc.	Occupation (for Individual) Broker	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	P/R Deduction (\$25.00 Monthly)
Full Name of Individual (Last, First, Midd B. Janway, Leah-Anne, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2225 SW 96		09 30 2016
City	State Zip Code	Transaction ID : PR436901514304
Oklahoma City	OK 73159-6861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Bigbie, Hensley & Janway Insurance Age	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Midd C. Morrow, Todd, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1173 Brittmore		09 / D D / Y Y Y Y 09 30 2016
City	State Zip Code	Transaction ID : PR436903714304
Houston	TX 77043-5003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer (for Individual) Benefit Concepts, Inc.	Occupation (for Individual) Broker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹				
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) Health Underwriters Political /	Action Com	mittee					
Full Name of Individual (Last, First, Middle Booth, Tonya, S., ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1801 Gateway Blvd. Suite 200			09 30 2016				
City Richardson	State TX	Zip Code 75080-3646	Transaction ID : PR436911014304 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		30.00				
Name of Employer (for Individual) Upshaw Insurance Agency	Occi Brol	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 445.00	P/R Deduction (\$30.00 Monthly)				
Full Name of Individual (Last, First, Middle B. Shaffer, Annette, , , Mailing Address 418 South Main Street	Initial) or Full O	rganization Name	Date of Receipt				
City	State	Zip Code	09 30 2016				
Findlay	OH	45840-3273	Transaction ID : PR436917214304 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) Group Benefit Consultants	Occ Bro	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)				
Full Name of Individual (Last, First, Middle C. Recker, Dennis, J., ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 971 North Perry Street P.O. Box 276 City	State	Zip Code	09 / 30 / 2016 Transaction ID : PR436919014304				
Ottawa	OH	45875-1218	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) Fawcett, Lammon, Recker & Associates	Occi Brok	upation (for Individual) xer	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)				
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			90.00				

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
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			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Midd Kaczmarek, Lawrence, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address P.O. Box 345			09 30 2016							
City Ravenna	State OH	Zip Code 44266-0345	Transaction ID : PR436923414304 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		31.00							
Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.	Occi Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 279.00	P/R Deduction (\$31.00 Monthly)							
Full Name of Individual (Last, First, Midd B. Cason, Louie, L., ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address PO Box 11229			09 / 09 / 2016							
City Columbia	State SC	Zip Code 29211-1229	Transaction ID : PR436934814304 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) The Cason Group, Inc.	Occ	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)							
Full Name of Individual (Last, First, Midd C. Whitmire, Jimmie, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 503 Eighth Street			09 30 2016							
City Wichita Falls	State TX	Zip Code 76301-6507	Transaction ID : PR436939114304 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.			42.00							
Name of Employer (for Individual) Whitmire & Whitmire, Inc.	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)							
SUBTOTAL of Receipts This Page (optional	al)		158.00							
TOTAL This Period (last page this line num	nber only)									

Use separate schedule(s)	FOR LINE NUMBER: (check only one)							
for each category of the Detailed Summary Page	🗶 11a 🗌 11b							

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1								
			person for the purpose of soliciting contributions be to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middle Stenger, James, R., ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 8926 Crown Colony Boule	evard		09 30 / Y Y Y Y 2016								
City Fort Myers	State FL	Zip Code 33908-5627	Transaction ID : PR436939914304 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		170.00								
Name of Employer (for Individual) NAHU	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1655.00	P/R Deduction (\$170.00 Monthly)								
Full Name of Individual (Last, First, Middle S. Seifert, Gregory, J., ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address PO Box 189 916 Main Street		[09 30 / Y Y Y Y 2016								
City Vancouver	State WA	Zip Code 98666-0189	Transaction ID : PR436941614304 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Biggs Insurance Services	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)								
Full Name of Individual (Last, First, Middle Woods, John, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 458 High Street			09 / D D / Y Y Y Y 2016								
City Warren	State OH	Zip Code 44481-1200	Transaction ID : PR436950014304 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) INSURANCE NAVIGATORS AGENCY	Occi Brok	upation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)								
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,		285.00								

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SCHEDULE A (FEC Form 3X) -

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 Derson for the purpose of soliciting contributions Dere to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middl A. Fairbairn, Nicole, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8069 Little Circle Road			09 / D D / Y Y Y Y 09 30 2016
City Noblesville	State IN	Zip Code 46060-1071	Transaction ID : PR436957114304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Creative Insurance Concepts Inc.	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middl Holland, Robert, V., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address PO Box 698	State	Zip Code	09 / 09 / 2016
Centralia	WA	98531-0698	Transaction ID : PR436961714304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Centralia General Agencies	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middl C. Schneider, John, E, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4300 Sidco Drive, Suite 2			09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Nashville	State TN	Zip Code 37204-4537	Transaction ID : PR436963514304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Colonial Life	Occi Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	·		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)			(check only one)								
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	nformation copied from such Reports and Sta commercial purposes, other than using the r			erson fo	r the		pose of	soliciting	g contr	ributic	ons		
	AME OF COMMITTEE (In Full) lealth Underwriters Political Acti	ion Com	mittee										
	II Name of Individual (Last, First, Middle Initia Parker, John, C., ,	al) or Full O	rganization Name	Da	ate of	f Re	eceipt						
Ma	ailing Address 38 Hope St Unit 1312				м м 09	1	D 10 30		201	Y Y 6	1		
Cit Ni	ty iantic	State CT	Zip Code 06357-2454					PR4369 Receipt th					
	EC ID number of contributing deral political committee.	С						,		100.00)		
Pa	ame of Employer (for Individual) arker Agency	Occu Brok	upation (for Individual) ker		Me	emo	ttem						
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1075.00	P/F	P/R Deduction (\$100.00 Monthly)								
	II Name of Individual (Last, First, Middle Initia Sentley, Bob, , ,	al) or Full O	rganization Name	Da	ate of	f Re	eceipt						
	ailing Address 9557 Silverdale Loop Road, NW				09	1	D 10 30		2016				
Cit		State Zip Code WA 98383-9132			Transaction ID : PR436990414304								
FE	Iverdale EC ID number of contributing deral political committee.				Amount of Each Receipt this Period 30.00								
	ame of Employer (for Individual) bers Company	Occu Brok	upation (for Individual) ker	10	Me	emo	ttem						
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 M					hly)				
	III Name of Individual (Last, First, Middle Initia Splawn, William, Craig, ,	al) or Full O	rganization Name	Da	ate of	f Re	eceipt						
	ailing Address 800 Avenue C			46	09 30 / Y Y Y Y 2016								
Cit Ka	ty aty	State TX	Zip Code 77493-2302					Receipt th					
FEC ID number of contributing federal political committee.					50.00								
Sp	ame of Employer (for Individual) blawn & Associates	Occu Brok	upation (for Individual) er		Memo Item								
Receipt For: Aggregat Primary General Other (specify)			Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)									
SUB	TOTAL of Receipts This Page (optional)						y		1	80.00			
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
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			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee										
Full Name of Individual (Last, First, Mide A. Rose, Charla, S., ,	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address PO Box 1299			M = M / D = D / Y = Y = Y = Y Y O									
City Amarillo	State TX	Zip Code 79105-0299	Transaction ID : PR436999114304 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Upshaw Insurance Agency	Occu Brok	upation (for Individual) er	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Mide B. Fristoe, Kelly, Don, ,	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 807 8th Street, Suite 300		Zip Code	09 / D D / Y Y Y Y 2016									
City Wichita Falls	State TX	Zip Code 76301-3317	Transaction ID : PR437002314304 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Financial Partners	Occu Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 905.00	P/R Deduction (\$30.00 Monthly)									
Full Name of Individual (Last, First, Mide C. Thorn, Ryan, P., ,	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 10342 South Springcres	1		09 / D D / Y Y Y Y 09 30 2016									
City South Jordan	State UT	Zip Code 84095-4538	Transaction ID : PR437004014304 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		40.00									
Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc.	Occu Brok	upation (for Individual) er	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 535.00	P/R Deduction (\$40.00 Monthly)									
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	ormation copied from such Reports and Sta ommercial purposes, other than using the n				he pu								
	e of COMMITTEE (In Full) alth Underwriters Political Activ	on Com	mittee										
	Name of Individual (Last, First, Middle Initia yle, Betty, R., ,	l) or Full Or	rganization Name	Date	e of R	eceipt							
Maili	ng Address 108 SE 3rd, Suite A)9	/ D 30		2016	Y				
City Mod	pre	State OK	Zip Code 73160-5234				PR4370 Receipt th	06914304 iis Period					
	ID number of contributing ral political committee.	С						30.0	00				
Doyl	e of Employer (for Individual) e-Crow & Associates	Occu Brok	ipation (for Individual) er		Mem	o Item							
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R [Deduct	ion (\$30	0.00 Montl	nly)					
B . Bu	Name of Individual (Last, First, Middle Initia ie, Scott, T., , ng Address 6440 South Wasatch Blvd., #150		rganization Name		e of R	eceipt	D / Y	ÝÝ	Ŷ				
City		State	Zip Code	(9	30		2016					
Salt	Lake City	UT	84121-3513					is Period					
	ID number of contributing ral political committee.	С					-	50.0	00				
	ne of Employer (for Individual) Insurance Services	Occu Brok	upation (for Individual) Ker		Mem	o Item							
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R [Deduct	ion (\$50	.00 Month	nly)					
	Name of Individual (Last, First, Middle Initia htter, James, P, ,	l) or Full Or	rganization Name	Date	e of R	eceipt							
	ng Address 11 Summer Street, Suite 6			()9	30		2016					
City Che	elmsford	State MA	Zip Code 01824-3064					11514304 iis Period					
	ID number of contributing ral political committee.	С			_	y	9	85.0	00				
New	e of Employer (for Individual) England Medical Insurance Agency eipt For:	Occu Brok	ipation (for Individual) er		Merr	io Item							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00	P/R I	Deduc	tion (\$85	5.00 Mont	hly)					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 121 OF

	X 11a 11b 11c 12 13 14 15 16 rson for the purpose of soliciting contributions from such committee Date of Receipt
ddress of any political committee mittee rganization Name	
rganization Name	
Zip Code	
Zip Code	09 30 2016
68508-2036	Transaction ID : PR437016714304 Amount of Each Receipt this Period
	85.00
,	Memo Item
Year-to-Date ▼ 1165.00	P/R Deduction (\$85.00 Monthly)
rganization Name	Date of Receipt
	09 30 2016
Zip Code 63084-1645	Transaction ID : PR437017014304 Amount of Each Receipt this Period
	30.00
1 ()	Memo Item
Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
rganization Name	Date of Receipt
	09 30 / Y Y Y Y 2016
Zip Code 70598-0158	Transaction ID : PR437017114304 Amount of Each Receipt this Period
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Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
	rganization Name Zip Code 63084-1645 upation (for Individual) ker Year-to-Date ▼ Zip Code 70598-0158 Upation (for Individual) ker Year-to-Date ▼

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177	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only						
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	y information copied from such Reports and Sta for commercial purposes, other than using the r									ibutio	
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	mittee								
A.	Full Name of Individual (Last, First, Middle Initia Castellani, Lorelei, G., ,	l) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address PO Box 905				м м 09	1	D 30		2016		
	City Branchville	State NJ	Zip Code 07826-0905					PR437(Receipt t			
	FEC ID number of contributing federal political committee.	С							2	25.00	
	Name of Employer (for Individual) Benefit Guidance Systems	Occu Brok	pation (for Individual) er		Me	emc	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00		P/R Ded	ucti	on (\$25	5.00 Mon	thly)		
	Full Name of Individual (Last, First, Middle Initia Winn, Tammy, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 9811 S IH 35, Building 1 Suite 100				09	/	D 30		2016		
	City Austin	State TX	Zip Code 78744-7901	_			-	PR4370 Receipt t			
	FEC ID number of contributing federal political committee.	С				0				30.00	
	Name of Employer (for Individual) SWBC Insurance Services	Occu Brok	ipation (for Individual) er		Me	emc	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	F	P/R Dedu	uctio	on (\$30	0.00 Mon	thly)		
	Full Name of Individual (Last, First, Middle Initia Kaczmarek, T. Darlene, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address P O Box 345				09 ^M	1	D 30)	2016	6	
	City Ravenna	State OH	Zip Code 44266-0345					: PR437			
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	. ,	:	31.00	
	Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.	Occu Broke	pation (for Individual) er		M	emo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 279.00		P/R Ded	ucti	on (\$31	I.00 Mon	ithly)		
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politic	al Action Com	mittee	
Full Name of Individual (Last, First, Mid Blizman, Donna, J., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1939 Racimo Dr			09 30 Y Y Y Y 2016
City Sarasota	State FL	Zip Code 34240-9426	Transaction ID : PR437031514304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Employee Benefits Marketing Group	Occu Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Mid Schwartz, Matt, B., , Mailing Address 2950 Breckenridge Lar		rganization Name	Date of Receipt
City	State	Zip Code	09 30 2016 Transaction ID : PR437037814304
Louisville	KY	40220-1462	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Schwartz Insurance Group	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, Mid C. Moore, Wesley, P., ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address P O Box 604			09 / D D / Y Y Y Y 2016
City Darlington	State SC	Zip Code 29540-0604	Transaction ID : PR437039414304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Moore Insurance Agency, LLC	Occu Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optic	,		145.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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				Detailed Summary Page	×	11a		1	1b	11c	12	
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or	y information copied from such Reports and State for commercial purposes, other than using the na											
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Com	nmi	ttee								
Α.	Full Name of Individual (Last, First, Middle Initial) Hayes, Leesa, Kay, ,	or Full O	rga	nization Name	[Date of	f Re	ece	eipt			
	Mailing Address 812 Lyndon Lane Suite 101					м м 09	1	ľ	D D D 30	/ Y	2016	Y
	City Louisville	State KY		Zip Code 40222-3844							43314304 his Period	
	FEC ID number of contributing federal political committee.	С						1			30.0	00
	Name of Employer (for Individual) Snowden & Associates, Inc.	Occu Brok	•	tion (for Individual)		M	emo	o li	tem			
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 270.00	P/	'R Ded	uctio	on	ı (\$30.0	0 Mont	hly)	
3.	Full Name of Individual (Last, First, Middle Initial) Clark, Jonathan, S., ,	or Full O)rga	nization Name		Date of	f Re	ece	eipt			
	Mailing Address 6084 South 900 East, Suite 102					м м 09	/	ľ	D D 30	/ Y	2016	Ŷ
	City Salt Lake City	State UT		Zip Code 84121-1743	A						51514304 nis Period	_
	FEC ID number of contributing federal political committee.	С						,		-9-	30.0	00
	Name of Employer (for Individual) Fringe Benefits Analysts	Occi Brol	•	tion (for Individual)		М	emo	o li	tem			
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 270.00	P/	R Ded	uctio	on	(\$30.0	0 Montl	hly)	
	Full Name of Individual (Last, First, Middle Initial) BRYNE, Tim, , ,	or Full O	rga	nization Name		Date of	f Re	ece	eipt			
	Mailing Address P O Box 8950					^M 09	/	l	D D D 30	/ Y	ү ү 2016	Y
	City Madison	State WI		Zip Code 53708-8950	A						51614304 nis Period	
	FEC ID number of contributing federal political committee.	С						9		,	25.0	00
	Name of Employer (for Individual) M3 Insurance	Occu Brok	•	tion (for Individual)		М	emc	o l	tem			
	Receipt For: A Primary General Other (specify)	ggregate	Yea	ar-to-Date ▼ 225.00	P	/R Ded	lucti	ion	n (\$25.0	0 Mont	hly)	
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	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pos	se of s	solici	ting o	contribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	mittee									
A.	Full Name of Individual (Last, First, Middle Initial) Brockhurst, Eleanor, M., ,		rganization Name		Date of	Re	ecei	ipt				
	Mailing Address 1212 East Osborn Road, Suite 17		Zin Onde		м м 09	/	L	30	/	Y	2016	Y
	City Phoenix	State AZ	Zip Code 85014-5537	A							814304 Period	
	FEC ID number of contributing federal political committee.	С			_		-		- 4		30.0	
	Name of Employer (for Individual) Brockhurst & Associates, Inc.	Occi Broł	upation (for Individual) ker		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/	R Ded	uctio	on	(\$30.0	00 M	onthly	/)	
B.	Full Name of Individual (Last, First, Middle Initial) Martin, Kimberly, C., ,) or Full O	rganization Name	C	Date of	Re	ecei	ipt				
	Mailing Address 1027 S Pendleton Street Suite B-217	Otata	Zin Onde		м м 09	/		30	/	Y	2016	Y
	City Easley	State SC	Zip Code 29642-1046				-				214304 Period	
	FEC ID number of contributing federal political committee.	С					-		- 4	-	40.0	00
	Name of Employer (for Individual) Ebenconcepts	Occ Bro	upation (for Individual) ker		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/	R Dedu	uctio	on ((\$40.0	00 Mo	onthly	()	
C.	Full Name of Individual (Last, First, Middle Initial) Olson, Terri, M., ,) or Full O	rganization Name		Date of	Re	ecei	ipt				
	Mailing Address P. O. Box 21479	Otata	Zin Onde		^M 09	/		30	/	L .	2016	Y
	City Keizer	State OR	Zip Code 97307-1479	A							214304 Period	
	FEC ID number of contributing federal political committee.	С			_		y				65.0	00
	Name of Employer (for Individual) Olson Insurance	Occi Brok	upation (for Individual) er		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 555.00	P/	'R Ded	uctio	ion	(\$65.0	00 M	onthly	y)	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in First, Middle Initial) or Full Organization Name Alberts, Suzzeta, E, , Malling Address 25655 Evergreen Drive Ste 535 City Subtried Subtried Set 535 City Subtried Su	An	y information copied from such Reports and S	tatements ma	ay not be sold or used by any p	erson f	13 or the	pur		-		17 tions
Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alberts, Suzetta, E., . Maling Address: 26556 Evergreen Drive Ste 535 City Southfield Main of Address: 26556 Evergreen Drive Ste 535 City Southfield Main of Address: 26556 Evergreen Drive Ste 535 City Comprehensive Benefits Primary Aggregate Year-to-Date ▼ Primary City Sube B160-420 City Sube B160-420<											
✓ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Adiling Address 26555 Evergreen Drive Sis 53 State Zip Code Southfield Mill Milling Address 26555 Evergreen Drive Sis 53 Zote of Receipt Southfield Mill Milling Address 26555 Evergreen Drive Sis 53 Zote of Receipt Southfield Mill Milling Address 26555 Evergreen Drive Sis 53 Zote of Receipt Southfield Milling Address 26555 Evergreen Drive Sis 53 Zote of Receipt Name of Employer (for Individual) Corprehensive Benefits Broker Sis 53 Rocopt For: Aggregate Year-to-Date ▼ PIR Deduction (S84.00 Monthly) PIR Deduction (S84.00 Monthly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Sis 200 Name of Employer (for Individual) Corpsultant Corposatiant Amount of Each Receipt this Period FEC ID number of contributing (corpsultant there of contributing tederal political committee. Corpsultant PR Deduction (S85.00 Monthly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Sister Receipt For: Aggregate Year-to-Date ▼	\backslash			•							
A. Alberts, Suzetta, E, ., Malling Address 26555 Evergreen Drive Southfield Mill Southfield Mill FEC 1D number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Comprehensive Benefits Broker Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 931.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 1. Opez, Juan, R, , Malling Address 2231 Antonic Prwy Suite B160-420 Date of Receipt City State Zip Code Receipt For: Qi 30 / 2016 Transaction Dis 2PR43707914304. Malling Address 2231 Antonic Prwy Suite B160-420 City State Zip Code City State Zip Code Transaction Dis 2PR43707914304. Receipt For: Qit and Factor Primary General Occupation (for Individual) Chornak, Shelley, A, Aggregate Year-to-Date ▼ Prescript For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Prescript For: State 100 regregate Year-to-Date ▼ Preceipt For: Pithame	/	Health Underwriters Political Ac	tion Com	mittee							
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			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee											
Full Name of Individual (Last, First, Mic A . Rice, Lori, R., ,	dle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 3611 Paesanos Pkwy Ste 100			09 30 / Y Y Y Y 2016										
City San Antonio	State TX	Zip Code 78231-1256	Transaction ID : PR437086414304 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Frost Insurance Agency	Occ Brol	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Mic B. Koehler, Linda Rose, , ,	dle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 235 Main Street			09 / D D / Y Y Y Y Y 2016										
City Pleasanton	State CA	Zip Code 94566-8206	Transaction ID : PR437090114304 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		85.00										
Name of Employer (for Individual) Herzog Insurance Agency, Inc.	Occ Bro	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 940.00	P/R Deduction (\$85.00 Monthly)										
Full Name of Individual (Last, First, Mic C. Kennedy-Simington, Dierdre,		rganization Name	Date of Receipt										
Mailing Address 17200 Ventura Blvd., S			09 / D D / Y Y Y Y 2016										
City Encino	State CA	Zip Code 91316-5018	Transaction ID : PR437094114304 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		42.00										
Name of Employer (for Individual) Genesis Financial & Insurance Services	Occ Brok	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)										
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F	IAME OF COMMITTEE (In Full) Health Underwriters Political Actior	n Com	mittee	
Α	ull Name of Individual (Last, First, Middle Initial) (Henehan, Joseph, E., ,	or Full O	rganization Name	Date of Receipt
_	failing Address 685 Carnegie Dr., Ste. #205	<u></u>		09 / D D / Y Y Y Y 2016
	5	State CA	Zip Code 92408-3550	Transaction ID : PR437097914304
F		C	32400-3330	Amount of Each Receipt this Period 85.00
Ā	lame of Employer (for Individual)		upation (for Individual)	Memo Item
	he Henehan Company	Brok	er	
н	Age Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 940.00	P/R Deduction (\$85.00 Monthly)
	ull Name of Individual (Last, First, Middle Initial) (Roiz, Mario, , ,	or Full O	rganization Name	Date of Receipt
N	Iailing Address 10446 NW 31st Terrace			09 30 / Y Y Y Y 2016
	Sity Soral	State FL	Zip Code 33172-1200	Transaction ID : PR437104914304 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		42.00
	lame of Employer (for Individual) R Benefit Services, Inc.	Occu Broł	upation (for Individual) ker	Memo Item
F	Acceipt For: Acceipt For: Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)
	ull Name of Individual (Last, First, Middle Initial) (Stephens, James, R., ,	or Full O	rganization Name	Date of Receipt
_	Iailing Address 100 Mansell Ct East Suite 400 100 Mansell Ct East			09 / D D / Y Y Y Y Y 2016
	5	State GA	Zip Code 30076-4859	Transaction ID : PR437110714304 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		30.00
	lame of Employer (for Individual) Iumana	Occu Brok	ipation (for Individual) er	Memo Item
_	Poppint For:	_	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee	
/				
١.	Full Name of Individual (Last, First, Middle Ini Buyalos, Joseph, W., ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 9713 Key West Ave, Suite 407	1		09 30 2016
	City	State	Zip Code	Transaction ID : PR437111614304
	Rockville	MD	20850-4082	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		85.00
	Name of Employer (for Individual) The Insurance Exchange, Inc.	Occi Brol	upation (for Individual) ker	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		765.00	P/R Deduction (\$85.00 Monthly)
	ا Full Name of Individual (Last, First, Middle Ini Garner, G. Russell, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1308 Murraywood Drive			09 30 2016
	City	State	Zip Code	Transaction ID : PR437113214304
	Columbia	SC	29212-1159	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		30.00
	Name of Employer (for Individual) G. Russell Garner LLC	Occ Bro	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
	Full Name of Individual (Last, First, Middle Ini Doucet, Cynthia, H., ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 104 Mondrian Way			09 30 2016
	City	State	Zip Code	Transaction ID : PR437116414304
	Lafayette	LA	70501-7730	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		30.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Global Financial Resources, Inc.	Brok		
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify)		270.00	P/R Deduction (\$30.00 Monthly)

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	NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Com	nmit	ttee										
	Full Name of Individual (Last, First, Middle Initial MCEVILLY, BRIAN, J., ,) or Full O	rgan	ization Name			ate o	f Re	ecei	pt				
-	Mailing Address 4455 S. Pecos Rd.			7. 0. 1	09 / 0 / Y Y Y Y 2016 Transaction ID : PR437117714304									
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	Name of Employer (for Individual) GLB Insurance Group of Nevada	Occu Broł	•	ion (for Individual)			Μ	emo) Ite	em				
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 765.00	0	P/	R Dec	luctio	on ((\$85.0	00 Moi	thly))	
	Full Name of Individual (Last, First, Middle Initial Roberts, Joseph, K., ,) or Full O	rgan	ization Name)ate o	f Re	ecei	pt				
-	Mailing Address 1128 Lincoln Mall Suite 200] [м м 09	/	ľ	30	1		016	Y
	City Lincoln	State NE		Zip Code 68508-2878					-				1 4304 Period	
	EC ID number of contributing ederal political committee.	С				ļļ	_		-				170.	00
	Name of Employer (for Individual) JNICO	Occi Brol	•	ion (for Individual)			M	emo) Ite	əm				
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1630.0	0	P/I	R Ded	uctio	on ((\$170	.00 Mo	onthly	/)	
	Full Name of Individual (Last, First, Middle Initial Klene, Lonnie, , ,) or Full O	rgan	ization Name			Date o	f Re	ecei	pt				
-	Mailing Address 14339 Torrey Chase Blvd., Ste F] [^M 09	1		30	1		2016	Y
	City Houston	State TX		Zip Code 77014-1631		Δ							5 1430 4 Period	
	EC ID number of contributing ederal political committee.	С							<u> </u>		,		30.	
(Name of Employer (for Individual) Core Benefits	Occu Brok	•	ion (for Individual)			M	lemo	o Ite	əm				
ŀ	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 270.0	0	P/	R Dec	ductio	on	(\$30.0	00 Mo	nthly)	
	BTOTAL of Receipts This Page (optional)						-		9	-		-	285.	00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle A. Vanderwater Bratteli, Wendy, , ,		organization Name	Date of Receipt
Mailing Address 515 West Southwest Loop	State	Zip Code	09 / 09 / Y Y Y Y 09 30 2016
Tyler	TX	75701-9455	Transaction ID : PR437122414304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) Threlkeld & Company Insurance	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)
Full Name of Individual (Last, First, Middle B. Benton, Bruce, D., ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 17200 Ventura Blvd Suite 312			09 / D D / Y Y Y Y Y 2016
City Encino	State CA	Zip Code 91316-5018	Transaction ID : PR437123014304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		170.00
Name of Employer (for Individual) Genesis Financial & Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1655.00	P/R Deduction (\$170.00 Monthly)
Full Name of Individual (Last, First, Middle C. Antongiovanni, Joanna, , ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address P.O. Box 795008			09 30 2016
City San Antonio	State TX	Zip Code 78279-5008	Transaction ID : PR437128014304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Wortham Insurance & Risk Management	Occ Brok	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
SUBTOTAL of Receipts This Page (optional))		242.00
TOTAL This Period (last page this line num	per only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 132 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
I LIVILLED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee							
Full Name of Individual (Last, First, Mide Friedrich, Linda, K., ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4435 O Street			09 / D D / Y Y Y Y 09 30 2016						
City Lincoln	State NE	Zip Code 68510-1842	Transaction ID : PR437129114304 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) UNICO Group, Inc.	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)						
Full Name of Individual (Last, First, Mide B. Papenfus, Jeffrey, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 32110 Agoura Road			09 30 2016						
City Westlake Village	State CA	Zip Code 91361-4026	Transaction ID : PR437137814304 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Warner Pacific Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Mide C. Walsh, Timothy, P., ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 701 Oyster Catcher Driv			09 / D D / Y Y Y Y Y 2016						
City Hampstead	State NC	Zip Code 28443-8340	Transaction ID : PR437149414304 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Advanced Insurance Systems	Occi Brok	upation (for Individual) ser	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This Page (option	al)		110.00						
TOTAL This Period (last page this line nu	mber only)								

SCHEDULE A (FEC Form 3X) _____ _ _ _ _ _ _

Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the Detailed Summary Page	🗶 11a 🗌 11b

15 16 17					
of soliciting contributions from such committee.					
D / Y Y Y Y 2016					
: PR437154814304 Receipt this Period					
42.00					
2.00 Monthly)					
M M / D D / Y Y Y Y 09 30 2016 Transaction ID : PR437174114304 Amount of Each Receipt this Period					
2.00 Monthly)					
D / Y Y Y Y 2016					
: PR437175214304 Receipt this Period					
30.00					
0.00 Monthly)					
114.00					

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Use separate schedule(s)

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and a	I ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee						
Full Name of Individual (Last, First, Middle Murray, Neal, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1314 East Atlantic Boulev	ard		09 30 / Y Y Y Y Y					
City Pompano Beach	State FL	Zip Code 33060-6745	Transaction ID : PR437183414304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Frank H. Furman, Inc	Occ Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Middle B. Ducote, Dale, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 7922 Summa Avenue, Su			09 30 / Y Y Y Y 2016					
City Baton Rouge	State LA	Zip Code 70809-3475	Transaction ID : PR437184614304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	FEC ID number of contributing							
Name of Employer (for Individual) Health Plus Consulting Services	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)					
Full Name of Individual (Last, First, Middle C. Schulman, Alan, R., ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6500 Rock Spring Drive Suite 410			09 30 / Y Y Y Y 2016					
City Bethesda	State MD	Zip Code 20817-1199	Transaction ID : PR437194614304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		15.00					
Name of Employer (for Individual) The Meltzer Group	Occ Brok	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 555.00	P/R Deduction (\$15.00 Monthly)					
SUBTOTAL of Receipts This Page (optional			87.00					
TOTAL This Period (last page this line num	ber only)							

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 135 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than usi			e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee						
Full Name of Individual (Last, First, Mid Debler, Johnnie, O., ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1102 E. Laurel St.	09 / Y Y Y Y 2016							
City Rockport	State TX	Zip Code 78382-2815	Transaction ID : PR437196414304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) GSM Insurors Group	Occ Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Mid B. Crable, John, B., ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 5000 Dearborn Cir. Ste	09 / D D / Y Y Y Y 09 30 2016							
City Mount Laurel	State NJ	Zip Code 08054-4108	Transaction ID : PR437199714304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) Corporate Synergies Group, Inc.	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)					
Full Name of Individual (Last, First, Mid Braden, Victoria, J. , ,	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Braden, Victoria, J., ,							
Mailing Address 3875 Johns Creek Park	Mailing Address 3875 Johns Creek Parkway, Suite C							
City Suwanee	State GA	Zip Code 30024-1294	Transaction ID : PR437201914304 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) Braden Benefit Strategies, Inc	Occ Brok	upation (for Individual) er	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2250.00	P/R Deduction (\$250.00 Monthly)					
SUBTOTAL of Receipts This Page (option			330.00					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 136 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
I EWIZED KECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle A. Nace, Joshua, D., ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 100 W. Harrison Street, Su	ite S440		09 30 2016							
City Seattle	State WA	Zip Code 98119-4116	Transaction ID : PR437203314304 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) Dental Health Services	Occi Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Middle B. Wilson, Lon, G., ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3000 A Street, Suite 400			09 30 / Y Y Y Y							
City Anchorage	State AK	Zip Code 99503-4040	Transaction ID : PR437204314304 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) The Wilson Agency, LLC	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)							
Full Name of Individual (Last, First, Middle Bundy-Cobb, Jennifer, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3000 A Street, Suite 400	01-1-	7.0.0	09 / D D / Y Y Y Y 30 / 2016							
City Anchorage	State AK	Zip Code 99503-4040	Transaction ID : PR437204414304 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) The Wilson Agency, LLC	Occi Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 635.00	P/R Deduction (\$30.00 Monthly)							
SUBTOTAL of Receipts This Page (optional)			145.00							
TOTAL This Period (last page this line numb	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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	EGEIFIS			ed Summary Page	X	11a		11b		11c	· ·	12			
						13		14		15		16	17		
or for commercial	opied from such Reports ar purposes, other than using														
\	MMITTEE (In Full) derwriters Political	Action Com	mittee												
Full Name of Ir A. Stenger, Mai	ndividual (Last, First, Middle rilyn, A., ,	on Name	Date of Receipt												
	s 8926 Crown Colony Blvd		09 30 / Y Y Y Y 2016												
City Fort Myers		State FL		Code 908-5627						PR4372					
	r of contributing committee.	С				Amouni		Eac	n Re	eceipt th	iis Pe	85.0	0		
Name of Emplo MVS Consulting	oyer (for Individual) g	Occi Brol		M	emo	lter	m								
Receipt For: Primary Other (sp	eipt For: Aggregate Year-to-Date ▼							P/R Deduction (\$85.00 Monthly)							
Full Name of Ir B. Garbina, Ja	ndividual (Last, First, Middle ames, S., ,	e Initial) or Full O	rganizati	on Name		Date of	f Re	eceip	ot						
	ailing Address 14010 FNB Pkwy Ste 300								09 / D D / Y Y Y Y 09 30 2016						
City Omaha		State NE		Code 154-5235	A	Transaction ID : PR437212214304 Amount of Each Receipt this Period									
	EC ID number of contributing ederal political committee.							-				85.0	0		
Name of Emplo The Harry A. Ko	oyer (for Individual) och Co	Occ	• •	for Individual)		M	emo	lter	m						
Receipt For: Primary Other (sp	General Decify) ▼	Aggregate	P/	R Ded	uctio	on (\$	85.0	0 Montl	nly)						
C. Cooper, Ca			rganizati	on Name		Date of	f Re	eceip	ot						
Mailing Address	Mailing Address 39500 High Pointe Blvd., Suite 400								30	/ Y	201	16 [°]	Y		
City Novi		State MI	· · ·	Code 375-5517						PR4372					
FEC ID numbe federal political	r of contributing committee.	С				U		Jooipt u		85.0	0				
	e of Employer (for Individual) Occupation (for Individual) Ith Alliance Administrators Broker						emc	b Ite	m						
Receipt For:	General General	Aggregate	Year-to-[Date ▼ 1090.00	Р ,	/R Ded	lucti	on (S	\$85.0	00 Mont	hly)				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 138 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee							
Full Name of Individual (Last, First, Midd Musser, Rita, A., ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3330 Thames Drive			M M / D D / Y Y Y Y 09 30 2016						
City Fort Wayne	State IN	Zip Code 46815-5994	Transaction ID : PR437229114304 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Senior Insurance Solutions	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Midd Gardner, Joy, K., ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9424 Double R Blvd	State	Zip Code	09 / D D / Y Y Y Y 2016						
Reno	NV	89521-5977	Transaction ID : PR437231214304 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		47.00						
Name of Employer (for Individual) Comstock Insurance Agencies, Inc.	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 648.00	P/R Deduction (\$47.00 Monthly)						
Full Name of Individual (Last, First, Midd C. Norris, Michael, A., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Norris, Michael, A., ,								
Mailing Address 295 E Palmer Street			09 / D D / Y Y Y Y 2016						
City Franklin	State NC	Zip Code 28734-3049	Transaction ID : PR437250014304 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Wayah Employee Benefits / EbenConcept		upation (for Individual) er	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This Page (optionation) TOTAL This Period (last page this line nur			107.00						

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee							
Full Name of Individual (Last, First, Mido Barton-Lewis, Diane, L., ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address Arthur J Gallagher & Co 615 E. Britton Road			09 / D D / Y Y Y Y 2016						
City Oklahoma City	State OK	Zip Code 73114-7710	Transaction ID : PR437254114304 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Gallagher Benefit Services, Inc.	Occ Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Mido B. Powers-Booth, Sandra, Lee, ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4817 S. 175th Street City	State	Zip Code	09 / D D / Y Y Y Y 09 30 2016						
Seatac	WA	98188-3710	Transaction ID : PR437264314304 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) Health Benefits Northwest	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 428.00	P/R Deduction (\$42.00 Monthly)						
Full Name of Individual (Last, First, Mido C. Hardy, Allen, D., ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 802 Kosciusko Road P.O. Box 89	State	Zin Code	09 / 09 / 2016						
City Philadelphia	MS	Zip Code 39350-3555	Transaction ID : PR437264914304 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Philadelphia Security Insurance	Occ Brok	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)						
SUBTOTAL of Receipts This Page (option	al)		102.00						
TOTAL This Period (last page this line nur	mber only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		for each category of the	४ 11a ☐ 11b ☐ 11c ☐ 12				
		Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline & & & & & & & & & & & & & & & & & & $				
or for commercial purposes, other than using			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) Health Underwriters Political /	Action Com	mittee					
Full Name of Individual (Last, First, Middle A. Toups, Jennifer, L., ,	·	rganization Name	Date of Receipt				
Mailing Address #1 Galleria Blvd, Suite 112	09 / D D / Y Y Y Y 2016						
City Metairie	State LA	Zip Code 70001-2092	Transaction ID : PR437270514304				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 85.00				
Name of Employer (for Individual) Humana	Occ Brol	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)				
Full Name of Individual (Last, First, Middle B. Eastin, Bill, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 1504 Hackberry Street			M = M / D = D / Y = Y = Y = Y Y				
City Metairie	State LA	Zip Code 70001-3318	Transaction ID : PR437271714304 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) Dardis Couvillion & Associates	Occ Bro	upation (for Individual) ker	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)				
Full Name of Individual (Last, First, Middle C. Hissong, James, H., ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 8401 Widmer Rd			09 / D D / Y Y Y Y 09 30 2016				
City Lenexa	State KS	Zip Code 66215-5416	Transaction ID : PR437274714304				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer (for Individual) Self	Occ	upation (for Individual) nt	Memo Item				
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)				
SUBTOTAL of Receipts This Page (optional)			145.00				
TOTAL This Period (last page this line numb							

Use separate schedule(s) (check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or	y information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	mittee						
Α.	Full Name of Individual (Last, First, Middle Init Tolbert, Margaret, S., ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 6501 Peake Rd Bld 950	09 / D D / Y Y Y Y 2016							
	City Macon	State GA	Zip Code 31210-8063	Transaction ID : PR437280514304 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) Tolbert & Associates	Occu Broł	upation (for Individual) ker	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)					
	Full Name of Individual (Last, First, Middle Init Summers, James, F., ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 8420 West Dodge Road, 5th F	09 30 / Y Y Y Y 2016							
	City Omaha	State NE	Zip Code 68114-3443	Transaction ID : PR437281014304 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		125.00					
	Name of Employer (for Individual) Senior Market Sales, Inc.	Occi Brol	upation (for Individual) ker	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.00	P/R Deduction (\$125.00 Monthly)					
	Full Name of Individual (Last, First, Middle Init Hensley, Don, E., ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address P. O. Box 20626	M M / D D / Y							
	City Oklahoma City	State OK	Zip Code 73156-0626	Transaction ID : PR437293514304 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) Bigbie, Hensley & Janway Insurance Age	Occi Brok	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)					
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		<u>→</u>	185.00					

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	, ,	Use separate schedule(s)	(check only one)										
		for each category of the Detailed Summary Page		12 16 17									
Any information copied from such Report or for commercial purposes, other than			erson for the purpose of soliciting cont	tributions									
NAME OF COMMITTEE (In Full) Health Underwriters Poli	ical Action Com	mittee											
Full Name of Individual (Last, First, Yarberry, Luann, S., ,	Middle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1300 10th Street	09 / D D / Y Y Y Y 09 2016												
City Wichita Falls	State TX	Zip Code 76301-3227	Transaction ID : PR437301014304 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		30.00										
Name of Employer (for Individual) Higginbotham Ins Agency, Inc.	Occu Brok	upation (for Individual) ser	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, B. Oakes, Angela, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Oakes, Angela,												
Mailing Address 301 Cedar St Suite 203	Date of Receipt												
City Sandpoint	State ID	Zip Code 83864-1425	Transaction ID : PR437309014 Amount of Each Receipt this Pe										
FEC ID number of contributing federal political committee.	C		30.00										
Name of Employer (for Individual) Summit Insurance Resource Group	Occu Brol	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Sullivan, T.J., , ,	Middle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1786 State Street	09 / D / Y Y Y Y 09 30 / 2016												
City Salem	State OR	Zip Code 97301-4341	Transaction ID : PR437310514 Amount of Each Receipt this Pe										
FEC ID number of contributing federal political committee.	С			30.00									
Name of Employer (for Individual) Huggins Insurance Services, Inc.	Occu Brok	upation (for Individual) er	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)										
SUBTOTAL of Receipts This Page (o	otional)			90.00									
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	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions										
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	ion Com	mittee											
Α.	Full Name of Individual (Last, First, Middle Initia Blakely, Russ, , ,	al) or Full Or	rganization Name	Date of Receipt										
	Mailing Address PO Box 11310	09 30 / Y Y Y Y Y 2016												
	City Chattanooga	State TN	Zip Code 37401-2310	Transaction ID : PR437317314304 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Russ Blakely & Associates, LLC	Occu Brok	ipation (for Individual) er	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)										
	Full Name of Individual (Last, First, Middle Initia Enders, Shannon, J., ,	Date of Receipt												
	Mailing Address 5797 Harvey Street - Suite A	09 30 / Y Y Y Y 2016												
	City Norton Shores	State MI	Zip Code 49444-6727	Transaction ID : PR437322414304 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Lakeshore Employee Benefits	Occu Brok	upation (for Individual) ser	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Monthly)										
с.	Full Name of Individual (Last, First, Middle Initia Bell, Marie, D., ,	al) or Full Or	rganization Name	Date of Receipt										
	Mailing Address 701 4th Ave S. #1500	09 30 / Y Y Y Y 2016												
	City Minneapolis	State MN	Zip Code 55415-1637	Transaction ID : PR437323314304 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) DeRuyter-Bell, LLC	Occu Brok	ipation (for Individual) er	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)										
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	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	ımi	ttee														
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mihalyi-Stiffler, Patricia, , ,					Date of Receipt												
	Mailing Address 155 N. Riverview Drive							09 / 0 0 / 2016										
	Anaheim	CA 92808-1225					Transaction ID : PR437326114304 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 42.00															
	Name of Employer (for Individual) Options in Insurance	Occi Brol	Memo Item															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 378.00	P/R Deduction (\$42.0							/lonth	ly)					
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pittman, Susan, R., ,						Date of Receipt											
	Mailing Address 32418 51st Avenue, SW						09 30 2016											
	City Federal Way	State WA		Zip Code 98023-1936	Transaction ID : PR43734 Amount of Each Receipt th								-					
	FEC ID number of contributing federal political committee.	C						50.00										
	Name of Employer (for Individual) Insure NW Inc.	Occ Bro	•	tion (for Individual)			Me	emo) Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/	P/R Deduction (\$50.00 Monthly)														
	Full Name of Individual (Last, First, Middle Initia Duvernay, Jack, E., ,	l) or Full O)rgar	nization Name		Date	of	Re	cei	ipt								
-	Mailing Address P O Box 8950						09 / D D / Y Y Y Y 09 30 2016											
	City Metairie	State LA		Transaction ID : PR437344514304														
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period														
	Name of Employer (for Individual) Eagan Insurance Agency, Inc.	Occi Brok			Me	emo	o Ite	em										
	Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$25.00 Monthly)															
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	y information copied from such Reports and Sta for commercial purposes, other than using the r													
<u> </u>	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti													
A.	Full Name of Individual (Last, First, Middle Initia Lawless, Jim, , ,	al) or Full O	rganization Name	Date of Receipt										
	Mailing Address Epic Insurance Solutions, LLC 710 East Main Street			09 30 / Y Y Y Y 2016										
	City Lexington	State KY	Zip Code 40502-1602	Transaction ID : PR437348014304 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		42.00										
	Name of Employer (for Individual) Epic Insurance Solutions, LLC	Occu Brok	upation (for Individual) ser	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)										
B.	Full Name of Individual (Last, First, Middle Initia Bajkowski, Catherine, A., ,	al) or Full O	rganization Name	Date of Receipt										
	Mailing Address 188 Industrial Drive, Suite 226	01-1-		09 / D D / Y Y Y Y 2016										
	City Elmhurst	State IL	Zip Code 60126-1610	Transaction ID : PR437361114304 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) CB Health Insurance	Occu Broł	upation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)										
	Full Name of Individual (Last, First, Middle Initia Block, David, M., ,	al) or Full O	rganization Name	Date of Receipt										
	Mailing Address P O Box 1809			09 30 2016										
	City Candler	State NC	Zip Code 28715-1809	Transaction ID : PR437364414304 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Insurance Specialties, Inc.	Occu Brok	upation (for Individual) er	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)										
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NAME OF COMMITTEE (In Full) Health Underwriters Political A	Action Com	mittee											
Full Name of Individual (Last, First, Middle I 4. Tikia, Rina, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3525 N. Causeway Blvd., S	uite 815		M M / D D / Y Y Y Y 09 30 2016										
City Metairie	State LA	Zip Code 70002-3655	Transaction ID : PR437375314304 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		30.00										
Name of Employer (for Individual) Tikia Consulting Group, Inc.	Occu Brol	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Middle I 3. Thomas, Jeffery, C., ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 6200 Reynolds Road			09 30 2016										
City Jackson	State MI	Zip Code 49201-9386	Transaction ID : PR437385414304 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Small Business Assocation of Michigan	Occ Bro	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Middle I C. Cutting, Brenda, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 4356 Bonney Road Suite 2-101			09 / 0 / Y Y Y Y Y 09 30 / 2016										
City Virginia Beach	State VA	Zip Code 23452-1200	Transaction ID : PR437388314304 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Sterling Benefits, LLC	Occu Brok	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 234.00	P/R Deduction (\$30.00 Monthly)										
SUBTOTAL of Receipts This Page (optional)			90.00										
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	y information copied from such Reports and Sta for commercial purposes, other than using the n													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Health Underwriters Political Activ	on Com	mittee											
A.	Full Name of Individual (Last, First, Middle Initia Bogard, Andrea, J., ,	l) or Full O	rganization Name	D	ate of	f Re	ceipt							
	Mailing Address 100 W. Court Ave. Suite 207				09	1	D D 30	/ Y	y y 2016					
	City Jeffersonville	State IN	Zip Code 47130-3502				on ID : F Each Re				_			
	FEC ID number of contributing federal political committee.	С		25.00										
	Name of Employer (for Individual) A. Bogard Insurance Group	Occu Brok	upation (for Individual) ker		Μ	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 215.00	P/F	R Ded	uctio	on (\$25.0	00 Monti	hly)					
в.	Full Name of Individual (Last, First, Middle Initia Gutierrez, Antonio, , ,	l) or Full O	rganization Name	Date of Receipt										
	Mailing Address 12833 Riverdance Dr.				м м 09	/	D D D 30							
	City Raleigh	State NC	Zip Code 27613-7093											
	FEC ID number of contributing federal political committee.	С					,	30.00						
	Name of Employer (for Individual) ACA Dudes, Inc.	Occupation (for Individual) Broker				Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)										
с.	Full Name of Individual (Last, First, Middle Initia Cramer, Valerie, Lynn, ,	l) or Full O	rganization Name	D	ate of	f Re	ceipt							
	Mailing Address 588 - 3 Mile Road, NW Suite 101			- 1	09 30 / Y Y Y Y									
	City Grand Rapids	State MI	Zip Code 49544-8221				i on ID : I Each Re							
	FEC ID number of contributing federal political committee.	С					9	9	10	0.00				
	Name of Employer (for Individual) Grotenhuis	Occu Brok	upation (for Individual) er		М	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	P/R Deduction (\$100.00 Monthly)										
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or for commercial purposes, other than using	d Statements ma		13 14 15 16							
			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
> Health Underwriters Political	Action Com	mittee								
Full Name of Individual (Last, First, Middle Hahn, Monique, E., ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1701 1st Ave S Unit 400			09 30 / Y Y Y Y 2016							
City Birmingham	State AL	Zip Code 35233-1847	Transaction ID : PR437417014304 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) Synergy Benefits & Risk Mgt Inc	Occu Brok	upation (for Individual) ser	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Middle Gandy, Hollie, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2920 Duniven Circle, #2			09 / D D / Y Y Y Y Y Y 2016							
City Amarillo	State TX	Zip Code 79109-1650	Transaction ID : PR437425014304 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Senior Solutions Group	Occu Brol	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Middle Clark, Robert, S., ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7548 Preston Road			09 30 2016							
City Frisco	State TX	Zip Code 75034-5683	Transaction ID : PR437427214304 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		42.00							
Name of Employer (for Individual) Clark Insurance Associates, PLLC	Occu Brok	upation (for Individual) er	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)							
SUBTOTAL of Receipts This Page (optional))	••••••	102.00							

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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee										
Full Name of Individual (Last, First, Midd A. Rosenblum, Joel, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 230 Lipan Way			09 30 2016									
City Boulder	State CO	Zip Code 80303-3635	Transaction ID : PR437427414304 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00									
Name of Employer (for Individual) Insurance for Asset Protection	Occi Brol	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)									
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mutter, Amy, D., ,											
Mailing Address 2670 Electric Road												
City Roanoke	State VA	Zip Code 24018-3511	Transaction ID : PR437454914304									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 42.00									
Name of Employer (for Individual) Innovative Insurance Group, LLC	Occ	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 354.00	P/R Deduction (\$42.00 Monthly)									
Full Name of Individual (Last, First, Midd C. Damron, Reed, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5880 Live Oak Parkway,			09 / D D / Y Y Y Y 09 30 2016									
City Norcross	State GA	Zip Code 30093-1740	Transaction ID : PR437468914304 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual) HIRE Benefits, Inc.	Occi Brok	upation (for Individual) er	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 765.00	P/R Deduction (\$85.00 Monthly)									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Ac	tion Com	nmit	tee												
A.	Full Name of Individual (Last, First, Middle Init Anderson-Wallis, Melinda, S., ,	tial) or Full O	Drgan	ization Name	[Date o	f Re	ece	eipt							
	Mailing Address 950 N. Meridian St. Suite 200			7.0.1		^M 09) 16	Y							
	City Indianapolis	State IN		Zip Code 46204-1202					on ID : P Each Red	-						
	FEC ID number of contributing federal political committee.	С			30.00											
	Name of Employer (for Individual) IU Health Plans	Occi Brol	•	on (for Individual)		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 270.00	P	/R Dec	lucti	ior	n (\$30.00	0 Month						
	Full Name of Individual (Last, First, Middle Init Smith, David, C., ,	rst, Middle Initial) or Full Organization Name Date of Receipt														
	Mailing Address 915 Englewood Avenue					м м 09	/		D D D 30				Y			
	City Durham	State NC		Zip Code 27701-1105					Dn ID : PR437474514304 Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С						170				170.0	0			
	Name of Employer (for Individual) Ebenconcepts Company	Occupation (for Individual) Broker				Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 1530.00	P/	P/R Deduction (\$170.00 Monthly)										
с.	Full Name of Individual (Last, First, Middle Init Creasy, Marcus, , ,	tial) or Full O	Drgan	ization Name		Date o	f Re	ece	eipt							
	Mailing Address P. O. Box 220					^M 09	/	′	D D 30	/ Y	20	16 [°]	Y			
	City Heber Springs	State AR		Zip Code 72543-0220					on ID : P Each Ree				_			
	FEC ID number of contributing federal political committee.	С				anoun		,		, seipt in		30.0	0			
	Name of Employer (for Individual) Adams & Creasy Insurance Agency, Inc.	Occu Brok	•	on (for Individual)		N	lemo	0	ltem							
	Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 270.00						P/R Deduction (\$30.00 Monthly)							
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	Full Name of Individual (Last, First, Middle Initia Siino, Thomas, , ,	al) or Full Or	rganization Name	Da	ate of	Re	ceipt							
	Mailing Address 1126 Clifton Avenue				09	/	30) / Y	y y 2016	Y]			
	City Clifton	State NJ	Zip Code 07013-3622		Transaction ID : PR437477514304 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					y		3(0.00				
	Name of Employer (for Individual) Executive Benefits Group, LLC	Occu Brok	upation (for Individual) er		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R	Dedu	uctio	on (\$30	.00 Montl	וy)					
	Full Name of Individual (Last, First, Middle Initia Pennington, Carol, C., ,	Da	ate of	Re	ceipt									
	Mailing Address 4640 Woodbridge Drive				09	/	30) / Y	2016	Y]			
	City Kernersville	State NC	Zip Code 27284-8850				-	PR43748						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer (for Individual) Pennington Associates	Occu Brok		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R	P/R Deduction (\$30.00 Monthly)									
	Full Name of Individual (Last, First, Middle Initia McDaniel, Randy, L., ,	al) or Full Or	rganization Name	Da	ate of	Re	ceipt							
	Mailing Address 575 Chambers Road				09 30 2016									
	City McDonough	State GA	Zip Code 30253-6447					PR4374						
	FEC ID number of contributing federal political committee.	C		Ar	nount	of	Each F	Receipt th		2.00				
	Name of Employer (for Individual) McDaniel Insurance	Occu Brok	ipation (for Individual) er		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)										
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
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Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	ay not be sold or used by any ddress of any political committe	13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middl	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1277 Deming Way			M M / D D / Y Y Y Y 09 30 2016								
City Madison	State WI	Zip Code 53717-1971	Transaction ID : PR437490414304 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Dean Health Plan	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Middl Cohn, Barry, S., , Mailing Address 21515 Vanowen St Ste 20		rganization Name	Date of Receipt								
City	State	Zip Code	09 30 2016 Transaction ID : PR437497314304								
Canoga Park	CA	91303-2715	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) RGEB	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Middl C. Rider, Susan, M., ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1402 N Capital #400 City	State	Zip Code	09 / 30 / 2016								
Indianapolis	IN	46202-2375	Transaction ID : PR437510714304 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		63.00								
Name of Employer (for Individual) Gregory & Appel Insurance	Occi Brok	upation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 676.00	P/R Deduction (\$63.00 Monthly)								
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
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Full Name of Individual (Last, First, Midd Coley, Maggie, , ,	le Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 29 Olde Gate Court			09 30 2016										
City Pooler	State GA	Zip Code 31322-8281	Transaction ID : PR437534014304 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		42.00										
Name of Employer (for Individual) Coley Benefit Services, Inc	Occi Brol	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)										
Full Name of Individual (Last, First, Midd B. Swanson, Cynthia , , ,	Date of Receipt												
Mailing Address 515 WSW Loop 323													
City Tyler	State TX	Zip Code 75701-9455	Transaction ID : PR437544914304 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Threlkeld & Company Insurance	Occ	upation (for Individual) ker	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Midd C. Giardina, Charles, J., ,	le Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 5440 Mounes Street, Su	ite 112		09 / 0 / Y Y Y Y 09 30 2016										
City New Orleans	State LA	Zip Code 70123-3296	Transaction ID : PR437562814304 Amount of Each Receipt this Period										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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Mailing Address 109 Professional Park Dr State 103 City State Zip Code Mooresville NC 28117-5538 FEC ID number of contributing federal political committee. C Amount of Each Receipt the second secon								
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (in Full) Health Underwriters Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Contorno, David, , , . Mailing Address 109 Professional Park Dr State Zip Code Moresville NC FEC ID number of contributing tederal political committee. Occupation (for Individual) Lake Norman Benefits, Inc. Broker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$30.00 Mont B. Alm, Daniel, , , Mailing Address P.O. Box 3248 City State Zip Code Omaha NE 68180-1001 FEC ID number of contributing tederal political committee. C Transaction ID : PR4375 Amount of Each Receipt Memo Item More of Receipt Mailing Address P.O. Box 3248 City Mailing Address P.O. Box 3248 More of the political committee. Name of Emplo	g contributions							
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Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 270.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mobley, Dennis, F., ,								
Mailing Address 137 Executive Drive Suite D 09 City State Zip Code Transaction ID : PR4375	2016							
MadisonMS39110-8456Amount of Each Receipt th								
FEC ID number of contributing federal political committee.	50.00							
Name of Employer (for Individual) Occupation (for Individual) Mobley Insurance Agency, LLC, a Divisi Broker								
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 625.00	hly)							
SUBTOTAL of Receipts This Page (optional)	110.00							

SCHEDULE A (FEC Form 3X) _____ _

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Health Underwriters Politica	I Action Com	mittee										
Full Name of Individual (Last, First, Midd Waller, Doris, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1778 N. Plano Rd. Suite 310			09 / D D / Y Y Y Y 09 30 2016									
City Richardson	State TX	Zip Code 75081-1958	Transaction ID : PR437591514304 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		42.00									
Name of Employer (for Individual) Pan-American Life Insurance Group	Occ Brol	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)									
Full Name of Individual (Last, First, Midd B. Robinson, Judith, L., ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address P O Box 10071			09 / D D / Y Y Y Y 2016									
City Tyler	State TX	Zip Code 75711-0071	Transaction ID : PR437594114304 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		85.00									
Name of Employer (for Individual) CFG Insurance	Occ Bro	upation (for Individual) ker	Memo Item									
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Full Name of Individual (Last, First, Midd C. Swinton, Ryan, R., ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1128 Lincoln Mall Suite 200 City	State	Zip Code	09 30 2016 Transaction ID : PR437594914304									
Lincoln	NE	68508-2878	Amount of Each Receipt this Period									
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Name of Employer (for Individual) UNICO Group, Inc.	Occi Brok	upation (for Individual) ser	Memo Item									
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Α.	Full Name of Individual (Last, First, Middle Initia Burns, Patrick, , ,	al) or Full O	Organ	nization Name	C	Date of Receipt											
	Mailing Address 5653 Maxwelton Road	Otata		Zin Oode		-	9	/	L	30			y y 2016				
	City Oakland	State CA		Zip Code 94618-2654			_		-				51430 Perio				
	FEC ID number of contributing federal political committee.	С					un	0	-La			u iis		5.00			
	Name of Employer (for Individual) Burns Employee Benefits Insurance Serv	Occi Brol	•	ion (for Individual)		Memo Item											
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	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Starks, Eugene, , ,							Date of Receipt									
	Mailing Address 613 Crescent Circle Suite 201								ľ	30	1		y y 2016	Y			
	City Ridgeland	State MS		Zip Code 39157-8686					-				11430 Perio				
	FEC ID number of contributing federal political committee.	C						85.00									
	Name of Employer (for Individual) Benefit Administration Services, Ltd.	Occ Bro		Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1155.00	P/	P/R Deduction (\$85.00 Monthly)											
	Full Name of Individual (Last, First, Middle Initia Williams, George, , ,	al) or Full O	Organ	nization Name		Date	e of	Re	ecei	pt							
	Mailing Address 4109 Woodway Dr.					09 30 / Y Y Y Y 2016											
	City Monroe	State LA		Zip Code 71201-2218	Δ								71430 Perio				
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	Name of Employer (for Individual) Financial Planning Resources	Occi Brok	ion (for Individual)		Memo Item												
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	nmi	ttee											
A.	Full Name of Individual (Last, First, Middle Initi Hanby, Brian, , ,	al) or Full C)rgai	nization Name		Dat	te of	Re	ecei	ipt					
	Mailing Address 662 East 700 North						09 [™]	1	E	D D 30	1	/ Y) 16	Y
	City Payson	State UT		Zip Code 84651-1500					-			43760			
	FEC ID number of contributing federal political committee.	С			/	Am	ount	ΟΓ	Ea		ece	ipt thi	S Pe	25.	00
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в.	Full Name of Individual (Last, First, Middle Initi LaRocco, Andrew, M., ,	al) or Full C)rgai	nization Name		Dat	te of	Re	ecei	ipt					
	Mailing Address 5880 Live Oak Parkway, # 230						™ 09	/	Г	30		Y	۲ 20	16 1	Y
	City Norcross	State GA		Zip Code 30093-1740								43764 ipt thi			
	FEC ID number of contributing federal political committee.	С					oun	. UI	La 1			j	310	40.	00
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	Mailing Address 4204 Manor Forest Trail						09 ^M	/	Ľ	D D D 30	1	/ Y	20 [°]	16 [°]	Y
	City Boynton Beach	State FL		Zip Code 33436-8851								43765			
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	Name of Employer (for Individual) S. Florida Affiliated Health Insurers,	Occ	•	ion (for Individual)			Me	emo	o Ite	em					
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1	Mailing Address 11225 SE 6 Th St Suite 110				м м 09	/	30) / Y	2016	Y		
	Dity Bellevue	State WA	Zip Code 98004-6478						57714304 his Period			
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-	Mailing Address 4500 Cascade Road SE Suite				м м 09	1	D 10 30		y y 2016	Y		
	City Grand Rapids	State MI	Zip Code 49546-3665	-			-		69514304			
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	Name of Employer (for Individual) Benefit Profiles, Inc.	Occu Bro	upation (for Individual) ker		Me	emo	tem					
Ī	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 270.00] 「	P/R Deduction (\$30.00 Monthly)							
	Full Name of Individual (Last, First, Middle Initi Strouse, Marcie, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
_	Mailing Address 1501 Ingersoll Ave Ste 200	Otata	Zin Oode		09 09	1	30	J L	2016			
	City Des Moines	State IA	Zip Code 50309-3102	_			-		83114304 his Period			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	nmi	ttee								
A.	Full Name of Individual (Last, First, Middle Initia Kelley, Dianne, M., ,	al) or Full O	Drgai	nization Name		Date of	Re	eceip	pt			
	Mailing Address 7320 N La Cholla Blvd. Suite 154-219					м м 09	/	L	30	/ Y	ү ү 2016	Y
	City Tucson	State AZ		Zip Code 85741-2309	A						84514304 his Period	
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	Name of Employer (for Individual) Sandbrook Benefits Group, LLC	Occi Brol		tion (for Individual)		Me	emo	b Ite	əm			
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в.	Full Name of Individual (Last, First, Middle Initia Atkinson, Lynn, , ,	al) or Full O	Drgai	nization Name		Date of	Re	eceip	pt			
	Mailing Address 3800 Electric Road, # 406					м м 09	1	D	30	/ Y	2016	Y
	City Roanoke	State VA		Zip Code 24018-4568				-			37314304 nis Period	
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	Name of Employer (for Individual) Humana		cupa oker	tion (for Individual)		Me	emo	b Ite	əm			
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с.	Full Name of Individual (Last, First, Middle Initia Granado, Arthur, , ,	al) or Full O	Drgai	nization Name		Date of	Re	eceip	pt			
	Mailing Address 418 Peoples, # 505	1 -		1		09 ^M	/	L	30	/ Y	2016	
	City Corpus Christi	State TX		Zip Code 78401-2350	A			-			93214304 his Period	
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	Name of Employer (for Individual) The Granado Group	Occi Brok		tion (for Individual)		M	emo	o Ite	em			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	17		
Any information copied from such Reports and or for commercial purposes, other than using th				or the		oose of	soliciting	g contribu	tions		
NAME OF COMMITTEE (In Full) Health Underwriters Political A	ction Com	mittee									
Full Name of Individual (Last, First, Middle I A. Mathson, Heidi, Michaels, ,	nitial) or Full C	rganization Name		Date of Receipt							
Mailing Address 2319 175th Lane NW				м м 09	/	30	/ Y	ү ү 2016	Y		
City Andover	State MN	Zip Code 55304-1444						93514304			
FEC ID number of contributing federal political committee.	C	33304-1444	A	Amount	of	Each Re	eceipt th	nis Period 30.	_		
Name of Employer (for Individual)		upation (for Individual)		Me	emo	Item		4			
Dyste Williams	Brol	ker	_ `								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/	R Dedu	uctio	on (\$30.0	00 Mont	hly)			
Full Name of Individual (Last, First, Middle I B. Webb, Yolanda, Marie, ,	nitial) or Full C	rganization Name		Date of	Re	ceipt					
Mailing Address 6117 Clover Ct.				м м 09	/	30	/ Y	2016	Y		
City Chino	State CA	Zip Code 91710-5337						05614304 nis Period			
FEC ID number of contributing federal political committee.	С							142.	_		
Name of Employer (for Individual) Webb Insurance Solutions	Occ Bro	upation (for Individual) ker		Me	emo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1128.00	P/	R Dedu	uctio	on (\$142	.00 Mor	nthly)			
Full Name of Individual (Last, First, Middle I C. NIKEL, Penny, E., ,	nitial) or Full C	rganization Name		Date of	Re	ceipt					
Mailing Address 917 S Main St., Ste 200	1			м м 09	/	30	/ Y	y y 2016	Y		
City Longmont	State CO	Zip Code 80501-6400						28914304			
FEC ID number of contributing federal political committee.	C			Amount	ot	Each Re	eceipt th	nis Period 30.	_		
Name of Employer (for Individual)	000	upation (for Individual)	- 1	Me	emo	Item					
Nikel Insurance Associates LLC	Brok	1 ()									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/	/R Ded	uctio	on (\$30.)	00 Mont	hly)			
SUBTOTAL of Receipts This Page (optional)		•						202.	00		
TOTAL This Period (last page this line numbe	r only)		Ī			,					

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1								
			e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Health Underwriters Political	Action Com	mittee									
Full Name of Individual (Last, First, Middle Berry, Ernest, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5121 69th St., A9A			09 30 2016								
City Lubbock	State TX	Zip Code 79424-1631	Transaction ID : PR437737414304 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Berry Agency	Occi Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Middle B. Conto, Teresa, , , Mailing Address 15800 Crabbs Branch Wa		rganization Name	Date of Receipt								
City	State	Zip Code	09 30 2016 Transaction ID : PR437740814304								
Rockville	MD	20855-2697	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		170.00								
Name of Employer (for Individual) Gallagher Benefit Services	Occ	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1530.00	P/R Deduction (\$170.00 Monthly)								
Full Name of Individual (Last, First, Middle C. Williams, Leslie, A., ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2295 Hilltop Drive Suite 5 City	State	Zip Code	09 / 30 / 2016								
Redding	CA	96002-0515	Transaction ID : PR437742914304 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Leslie A. Williams Insurance Services	Occi Brok	upation (for Individual) er	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)								
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	, 	,	230.00								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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	INIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or f	or commercial purposes, other than using the			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Health Underwriters Political Act	ion Com	mittee	
	Full Name of Individual (Last, First, Middle Initia Osborne, Mike, , ,	al) or Full O	rganization Name	Date of Receipt
_	Jailing Address 1308 Woodmanor Dr,			09 / 0 / Y Y Y Y Y 09 30 2016
	City Raleigh	State NC	Zip Code 27614-9055	Transaction ID : PR437743714304
-	EC ID number of contributing		27014-9033	Amount of Each Receipt this Period
_	ederal political committee.	С		
	Name of Employer (for Individual) Dsborne Insurance Services, Inc.	Occi Broł	upation (for Individual) ker	Memo Item
Ē	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	P/R Deduction (\$25.00 Monthly)
	Full Name of Individual (Last, First, Middle Initia ABNEY, Tommy, , ,	al) or Full O	rganization Name	Date of Receipt
ſ	Aailing Address 113 Hereford Drive			09 30 2016
Ċ	Dity	State	Zip Code	Transaction ID : PR437745814304
	Tupelo	MS	38804-9104	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		30.00
	Name of Employer (for Individual) The Bottrell Agency	Occi Brol	upation (for Individual) ker	Memo Item
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
	Full Name of Individual (Last, First, Middle Initia Perlson, Les, , ,	al) or Full O	rganization Name	Date of Receipt
-	Aailing Address 250 Crossways Park Dr			09 30 2016
Ō	Dity	State	Zip Code	Transaction ID : PR437767514304
_	Woodbury	NY	11797-2015	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		30.00
	Name of Employer (for Individual) CB Planning	Occu Brok	upation (for Individual)	Memo Item
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify)		270.00	P/R Deduction (\$30.00 Monthly)
su	BTOTAL of Receipts This Page (optional)			85.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	LED RECEIPIS			Summary Page	X	11a		11	b	11c	12	
						13		14		15	16	17
or for co	rmation copied from such Reports and mmercial purposes, other than using t											
	e of committee (in full) alth Underwriters Political A	ction Com	mittee									
A. Cad	lame of Individual (Last, First, Middle I e, Kareim, R., ,		rganization	Name		Date of	Re	cei	pt			
	g Address 28411 Northwestern Hwy., \$	Ste 950				^M 09	/	ľ	30	/ Y	2016	Y
City South	nfield	State MI	Zip Coo 48034	de 1-5515	-						7861430	
	ID number of contributing al political committee.	С						7				.00
	e of Employer (for Individual) Lakes Benefit Group	Occi Brol	upation (for ker	Individual)		M	emo	lte	em			
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	765.00] P/	'R Ded	uctic	on ((\$85.	00 Mont	hly)	
	lame of Individual (Last, First, Middle I sey, Julie, , ,	Initial) or Full O	rganization	Name		Date of	Re	cei	pt			
Mailin	g Address 6601 I-40 West, Ste. 1 PO Box 32015					м м 09	/		30	/ Y	y y 2016	Y
City Amar	illo	State TX	Zip Coo 79120		4			-			8581430 his Period	
	ID number of contributing al political committee.	С				_		,			85	.00
	e of Employer (for Individual) ance Professionals	Occ	upation (for ker	Individual)		M	emo	lte	em			
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	765.00	P/	R Ded	uctic	on (\$85.0	00 Mont	hly)	
	lame of Individual (Last, First, Middle I nell, Gregory, J., ,	Initial) or Full O	rganization	Name		Date of	Re	cei	pt			
	g Address 545 South Third Street Suite 300			_		м м 09		L	30	JL	2016	_
City Louis	sville	State KY	Zip Coo 40202								'9761430 his Period	
	ID number of contributing al political committee.	С				_		y		.,	85	.00
	e of Employer (for Individual) ng G. Thompson Company	Occu Brok	upation (for er	Individual)		М	emo) Ite	em			
	pt For: Primary General Other (specify)	Aggregate	Year-to-Date	765.00	P /	/R Ded	uctio	on	(\$85.	00 Mon	thly)	
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Use separate schedule(s)

FOR LINE NUMBER:

PAGE 164 OF

	-	Use separate schedule(s)	(check only one)
IILIVIIZED RECEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Health Underwriters Politica	al Action Com	mittee	
Full Name of Individual (Last, First, Mide Taggart, Liz, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8530 Belnor Dr.			M M / D D / Y Y Y Y Y 09 30 2016
City Cicero	State NY	Zip Code 13039-8845	Transaction ID : PR437825114304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) United Healthcare Medicare Solutions	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Mide B. Hediger, Debbie, R., ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 400 N Tampa St Suite 1900	Chata	Zin Oode	09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Tampa	State FL	Zip Code 33602-4776	Transaction ID : PR437852414304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) Lykes Insurance	Occ	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	P/R Deduction (\$42.00 Monthly)
Full Name of Individual (Last, First, Mide C. Kolterman, Suzanne, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 344 Main Street PO Box 426			09 / D D / Y Y Y Y Y 09 30 2016
City Seward	State NE	Zip Code 68434-2117	Transaction ID : PR437855214304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Kolterman Agency, Inc.	Occi Brok	upation (for Individual) er	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)
SUBTOTAL of Receipts This Page (option	al)		122.00
TOTAL This Period (last page this line nu	mber only)	······]	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 165 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
			for each category of the Detailed Summary Page	X 11a 11b 13 14	11c 12							
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of	soliciting contri	ibutions						
\rangle	NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Com	nittee									
Α.	Full Name of Individual (Last, First, Middle Initia Sparano, Sher, , ,	al) or Full Or	ganization Name	Date of Receipt								
	Mailing Address 70-20 108th St, #5-0			09 / D D / Y Y Y Y Y 09 30 2016								
	City Forest Hills	State NY	Zip Code 11375-4449	Transaction ID : I Amount of Each Re								
	FEC ID number of contributing federal political committee.	С			;	30.00						
	Name of Employer (for Individual) Benefits Advisory Service	Occu Brok	pation (for Individual) er	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.0	00 Monthly)							
	Full Name of Individual (Last, First, Middle Initia Emidy, Mike, , ,	al) or Full Or	ganization Name	Date of Receipt								
	Mailing Address P O Box 2021			09 30	/ Y Y 2016							
	City Ridgeland	State MS	Zip Code 39158-2021	Transaction ID : F Amount of Each Re								
	FEC ID number of contributing federal political committee.	С				30.00						
	Name of Employer (for Individual) Colonial Life	Occu Brok	pation (for Individual) er	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.0	0 Monthly)							
	Full Name of Individual (Last, First, Middle Initia Waltman, Jessica, Fulginiti, ,	al) or Full Or	ganization Name	Date of Receipt								
	Mailing Address 10 Doyle Road			09 / D D 09 30	/ Y Y 2016							
	City Wayne	State PA	Zip Code 19087-3903	Transaction ID : I Amount of Each Re		-						
	FEC ID number of contributing federal political committee.	С				35.00						
	Name of Employer (for Individual) Forward Health Consulting	Occu Princ	pation (for Individual) ipal	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 890.00	P/R Deduction (\$85.0	00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)			, .	14	45.00						
т	OTAL This Period (last page this line number or	nly)			3023	32.50						

S	CHEDULE B (FEC Form 3X)			F	OR	LINE 1	NUMBE	R:			P	AGE	166 OF 19
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		hec	k only	one)						27
			Summary Page				22	,	23 28c	┝	26		30b
	y information copied from such Reports and State for commercial purposes, other than using the na												
\backslash	NAME OF COMMITTEE (In Full)	-	•										
	Health Underwriters Political Actio	n Comm	ittee										
Α.	Full Name (Last, First, Middle Initial) PayPal						Date	of D	isburs	em	ent		
	Mailing Address 2211 North First Street						м 0		D	D 30	/		016
	City San Jose	State CA	Zip Code 95131				FEC	Ident	ificatio	on I	Numbe	er	
	Purpose of Disbursement Credit Card Fees			0	01		С						
	Candidate Name			Cate	egoi ype	ry/) : 108 isburs		z t this Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General				<u>_</u>		-y 1	Cr	edit C		1074.20 ees
	State: District:		city) 🔻					/lemc	Item				
B.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852						Date 0	M	isburse				016
	City	State	Zip Code				FEC	Ident	ificatio	on l	Numbe	ər	
	Phoenix Purpose of Disbursement Credit Card Fees	AZ	85072	C	001		С						
	Candidate Name			Cate	egoi ype	ry/) : 108 isburs		3 t this Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General						 -	Cr	redit C	ard F	89.19 ees
	State: District:		.,					/lemc	Item				
C.	Full Name (Last, First, Middle Initial) Merchant Services								isburs				
	Mailing Address 7300 Chapman Way						M 09			D 2	/		016
	City Knoxville	State TN	Zip Code 37920				FEC	Ident	ificatio	on I	Numbe	ər	_
	Purpose of Disbursement Credit Card Fees			0	01		C	rans	actior	n IC	D : 108	4542	4
	Candidate Name			Cate Ty	egoi ype	ry/	Amo	int of	f Each	Di	isburs	emen	t this Period
	Senate President	ement For: Primary Other (spec	General cify) ▼					/lemc) Item	Cr	redit C	ard F	304.02 ees
_	State: District:						-						
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SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)								PAGE	167 OF 195
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page				21b 28a	22 28b	×	23 28c		26 29	27 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nat											
NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee									
Full Name (Last, First, Middle Initial) A. Ben Sasse For Us Senate Inc						Date o	f Dis	burse	_	Ŷ	YYYY
Mailing Address 105 East 6th Street						09		Q			2016
Fremont	State NE	Zip Code 68025				FEC Id	entif	icatior	n Nur	nber	
Purpose of Disbursement 9/6 Dinner			0	11		•	-	54797 ction	1.0	08364	79
Candidate Name Sasse, Benjamin, , ,			Cate Ty	egory /pe	y/	Amoun	t of	Each	Disbu	irseme	nt this Period
XSenatePresident	ment For: 2 Primary Other (spec	General				Ме	mo		9/6 Di	nner	1000.00
State: NE District: Full Name (Last, First, Middle Initial) B. Olson For Congress Committee Mailing Address PO Box 16381						Date of	f Dis	burse	D /		y y y 2016
City Sugar Land Purpose of Disbursement 9/7 Lunch	State TX	Zip Code 77496			-	FEC Id		icatior 43791		nber	
Candidate Name Olson, Peter, , , Office Sought: K House Senate President	ment For: ; Primary Other (spec	x General	Cate	911 egory /pe	y/	Amoun		Each	Disbu		80 nt this Period 1000.00
State: TX District: 22 Full Name (Last, First, Middle Initial) C. Rodney For Congress						Date o	f Dis	burse		Y	Y Y Y
Mailing Address PO Box 344						09	ĺ	0			2016
City Taylorville Purpose of Disbursement 9/8 Breakfast Candidate Name Davis, Rodney, , ,	State IL	Zip Code 62568	Cate	11 egory	y/		C00	52194 ction	48 ID:1	08364	81 nt this Period
	ment For: 2 Primary Other (spe	x General		, 1		Me	emo		9/8 B	reakfas	1000.00
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only								, , ,			3000.00

Mailing Address P.O. Box 128 09 01 City Hazleton State PA Zip Code 18201 FEC Identification Number Purpose of Disbursement 9/8 Lunch 011 Cod445122 Candidate Name 011 Category/ Type Category/ Type Barletta, Lou, , Rep., Disbursement For: 2016 9/8 Lunch Office Sought: X House Disbursement For: 2016 President Other (specify) 9/8 Lunch State: PA District: 11 Full Name (Last, First, Middle Initial) B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC Date of Disbursement	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) Health Underwriters Political Action Committee Full Name (Last, First, Middle Initial) A. Lou Barletta For Congress Mailing Address P.O. Box 128 City State Purpose of Disbursement 9/8 Lunch Candidate Name Barletta, Lou, , Rep., Office Sought: X House Disbursement For: 2016 Primary X General 0/11 Full Name (Last, First, Middle Initial) B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC Mailing Address 700 13TH STREET, NW City State Zip Code FEC Identification Number Image: Color of the state Disbursement For: 2016 State: PA District: 11 Full Name (Last, First, Middle Initial) B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC Mailing Address 700 13TH STREET, NW Distate City State Zip Code FEC Identification Number Distrement <th>27 30b</th>	27 30b
Health Underwriters Political Action Committee Full Name (Last, First, Middle Initial) A. Lou Barletta For Congress Mailing Address P.O. Box 128 City State Purpose of Disbursement 9/8 Lunch Candidate Name Barletta, Lou, , Rep., Office Sought: x Y House President State: Primary Y General Other (specify) Other (specify) B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC Mailing Address: 700 13TH STREET, NW City State Zip Code FEC. Identification Number 1 Image: Condition of the state in	
A. Lou Barletta For Congress Date of Disbursement Mailing Address P.O. Box 128 Date of Disbursement City State Zip Code Hazleton PA 18201 Purpose of Disbursement 011 Category/ y8 Lunch O11 Category/ Candidate Name Disbursement For: 2016 FEC Identification Number Office Sought: X House Disbursement For: 2016 Office Sought: X House Other (specify) 9/8 Lunch State: PA District: 11 9/8 Lunch Memo Item Full Name (Last, First, Middle Initial) B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC Date of Disbursement Mailing Address 700 13TH STREET, NW O9 02 Y City State Zip Code FEC Identification Number	
Mailing Address P.O. Box 128 09 01 City State Zip Code Hazleton PA I8201 Purpose of Disbursement 011 FEC Identification Number 9/8 Lunch 011 Category/ Candidate Name 011 Category/ Barletta, Lou, , Rep., 011 Category/ Office Sought: X House President Other (specify) Memo Item State: PA Distursement For: 2016 State: PA District: 11 Full Name (Last, First, Middle Initial) Poiltical ACTION COMMITTEE AKA NDC PAC Date of Disbursement Mailing Address 700 13TH STREET, NW Date of Disbursement 02 City State Zip Code FEC Identification Number	YYYY
Hazleton PA 18201 Purpose of Disbursement 9/8 Lunch 011 Could and an and an and an and an and an and an and and	2016
9/8 Lunch 011 011 Transaction ID: 10836 Candidate Name Category/ Type Category/ Type Transaction ID: 10836 Office Sought: ★ House Disbursement For: 2016 Amount of Each Disbursement 9/8 Lunch State: PA District: 11 9/8 Lunch Full Name (Last, First, Middle Initial) B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC Date of Disbursement Mailing Address 700 13TH STREET, NW State Zip Code FEC Identification Number	
Barletta, Lou, , Rep., Category/ Type Office Sought: ★ House Disbursement For: 2016 Senate Primary President Other (specify) State: PA District: 11 Full Name (Last, First, Middle Initial) B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC Mailing Address 700 13TH STREET, NW City State Zip Code FEC Identification Number	
Senate Primary Image: General Other (specify) 9/8 Lunch State: PA District: 11 Full Name (Last, First, Middle Initial) Memo Item 9/8 Lunch B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC Date of Disbursement Mailing Address 700 13TH STREET, NW 09 02 1 City State Zip Code FEC Identification Number	nent this Period 2000.00
Full Name (Last, First, Middle Initial) B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC Mailing Address 700 13TH STREET, NW City State Zip Code Feel Identification Number Feel Identification Number	
	2016
Purpose of Disbursement 2016 Annual Dues Candidate Name NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC Category/ Type	
Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District:	5000.00 ual Dues
Full Name (Last, First, Middle Initial) Date of Disbursement C. Portman For Senate Committee Date of Disbursement	YYYY
Mailing Address 9856 Archer Lane	2016
City State Zip Code Dublin OH 43017 Purpose of Disbursement C. C00458463	
9/7 Dinner 011 Candidate Name Category/ Type Portman, Rob, , , Category/ Type	nent this Period
Office Sought: House Disbursement For: 2016 x Senate Primary x President Other (specify) ✓ State: OH District:	1500.00 r
SUBTOTAL of Disbursements This Page (optional)	

S	CHEDULE B (FEC Form 3X)			F	OR L	LINE N	IUMBER:				PAG	E 169 (DF 195
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		Detailed	Summary Page			28a	28b		28c		29	30b	
	y information copied from such Reports and State for commercial purposes, other than using the na												
\square	NAME OF COMMITTEE (In Full)	_	_										
	Health Underwriters Political Actic	on Comm	ittee										
Α.	Full Name (Last, First, Middle Initial) Mchenry For Congress						Date of	Dist	ourse	ment			
	Mailing Address PO Box 1406						09	/	06		Y	2016	Y
	City Hickory	State NC	Zip Code 28603				FEC Ide	entific	catior	n Nur	nber		
	Purpose of Disbursement 9/6 Lunch			0)11		•		39362	1.0			
	Candidate Name			Cate	egor	y/	Tra Amount				1 08375 urseme		Period
	McHenry, Patrick, , , Office Sought: x House Disburse	ement For: 2	2010		ype			-				3000.0	0
	Office Sought: X House Disburse Senate	Primary	Z016 X General					- 7				0000.0	
	State: NC District: 10	Other (spe	cify) ▼				Me	mo It		9/6 Lu	Inch		
_	Full Name (Last, First, Middle Initial)												
В.	Promoting Our Republican Team	PAC					Date of	Dist					
	Mailing Address 8331 LITTLE HARBOR DRIVE						09	/	D O		Y	2016	Y
	City CINCINNATI	State OH	Zip Code 45244-2768				FEC Ide	entific	catior	n Nur	nber		
	Purpose of Disbursement 9/7 Dinner		10211 2100	C)11		C						
	Candidate Name			Cate		y/	Tra Amount				08375 urseme		Period
	Office Sought: House Disburse	ement For:			урс							1000.0	00
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- -	Full Name (Last, First, Middle Initial)						Date of	Dist	ourse	ment			
0.							M M	/	D	_	Y	YY	Y
	Mailing Address PO Box 37						09		08	3		2016	
	City Roseville	State MI	Zip Code 48066				FEC Ide	entific	catior	n Nur	nber		
	Purpose of Disbursement 9/12 Lunch		·	0)11		U		15661	1.0	000	40	
	Candidate Name			Cate	egor	y/	Tra Amount				1 08377 urseme		Period
	Levin, Sandy, , Rep., Office Sought: Levin Disburse	ement For: 2	2016		ype							2500.0	00
	Office Sought: K House Disburse Senate	Primary	2016 X General							9/12	Lunch	_000.0	
	President	Other (spe					Me	mo lt		5/121			
_	State: MI District: 09												
s	UBTOTAL of Disbursements This Page (optional).										-	6500.	00
т	OTAL This Period (last page this line number only	/)				►					,		

SCHEDULE B (FEC Form 3X)		arate schedule(s)					:			PAGE	170 OF 195
ITEMIZED DISBURSEMENTS	for each	category of the	(c		only 21b	one) 22	X	23	2	6 [27
	Detailed	Summary Page			28a	28b	H	28c	2		
Any information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)	~										
Health Underwriters Political Actio	on Comm	nittee									
Full Name (Last, First, Middle Initial) A. Bonnie Watson Coleman For Con	gress					Date o	f Dis				
Mailing Address 180 Upland Avenue						09	/	0			2016
City Ewing	State NJ	Zip Code 08638				FEC Id	lentifi	icatio	n Num	ber	
Purpose of Disbursement 9/13 Lunch	145	00030	0	11	٦	С	1. Alt 1.	55843			
Candidate Name			Cate	aor	v/					083772 semer	20 Int this Period
Watson Coleman, Bonnie, , Rep.,				ype	,.					_	
Office Sought: X House Disburse Senate President	ement For: Primary Other (spe	x General							9/13 L	unch	1000.00
State: NJ District: 12		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Me	emo	Item			
Full Name (Last, First, Middle Initial) B. Diana Degette For Congress						Date o	_			V	
Mailing Address P.O. Box 61337						м м 09	/	0	8		2016
City Denver	State CO	Zip Code 80206				FEC Id	lentifi	icatio	n Num	ber	-
Purpose of Disbursement 9/13 Reception Candidate Name			C)11		C	-	31163 ction		83772	
DeGette, Diana, , Rep.,				egory vpe	y/	Amoun	t of I	Each	Disbu	semer	nt this Period
	ement For:	2016	13	ypc							2000.00
Senate	Primary	🗶 General						,		ecepti	on
State: CO District: 01	Other (spe	cify)				Me	emo	ltem			
Full Name (Last, First, Middle Initial) C. Julia Brownley For Congress						Date o	f Dis	burse	ment		
Mailing Address PO Box 2018						м м 09	/	D 0			2016
City Thousand Oaks	State CA	Zip Code 91358				FEC Id	lentifi	icatio	n Num	ber	
Purpose of Disbursement 9/13 Reception			0	11	٦	С	1	5130	-	0077	
Candidate Name Brownley, Julia, , ,				egory	y/					083772 semer	t this Period
	ement For:	2016						-		-	1000.00
Senate President	Primary Other (spe	General (Control of the second secon				Me	emo		9/13 R	ecepti	on
State: CA District: 26											
SUBTOTAL of Disbursements This Page (optional)					►			,	_	,	4000.00
TOTAL This Period (last page this line number only	/)							,		,	

SCHEDULE B (FEC Form 3X)	Use ser	parate schedule(s)			INE N		:			PAGE	171 OF 195
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 28a	22 28b	×	23 28c		26 29	27 30b
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	ements may ame and add	not be sold or use dress of any politic	ed by al con	any nmitt	persor ee to s	n for the solicit co	purı ntrib	oose o utions	of sol	citing such	contributions committee.
NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comn	nittee									
Full Name (Last, First, Middle Initial) A. Friends Of Cheri Bustos						Date o	_	sburse	_	Y	YYYY
Mailing Address 1050 17th St Nw Ste 590						09		0			2016
City Washington	State DC	Zip Code 20036				FEC lo				nber	-
Purpose of Disbursement 9/13 Reception Candidate Name				11			ansa		ID : 1	08377	
Bustos, Cheri, , Rep.,	ement For:	2016	Cate Ty	egory ype	//	Amoun	t of	Each	Disbu	urseme	nt this Period 1000.00
State: IL District: 17	Primary Other (spe	X General				Me	emo	Item	9/13 I	Recept	on
Full Name (Last, First, Middle Initial) B. Sean Patrick Maloney For Congree Mailing Address PO Box 270	ess					Date o	_	D	_	Ŷ	y y y 2016
City Newburgh Purpose of Disbursement 9/13 Reception	State NY	Zip Code 12550)11	-	FEC Id		icatio		nber	
Candidate Name Maloney, Sean, , , Office Sought: President State: NY District: 18	ement For: Primary Other (spe	x General	Cate		//	Amoun	t of	Each	Disbu	08377 urseme Recept	nt this Period 1000.00
Full Name (Last, First, Middle Initial) C. Kristi For Congress						Date o		sburse		Y	YYYY
Mailing Address PO Box 852						09	ĺ	0			2016
City Sioux Falls Purpose of Disbursement 9/13 Dinner Candidate Name Noem, Kristi, , ,	State SD	Zip Code 57101	Cate	11 egory	//		C00	04768 Action	53 ID: 1	108377	25 nt this Period
Office Sought: X House Disburs Senate President State: SD District: 00	ement For: Primary Other (spe	x General				Me	emo	Item	9/13	Dinner	500.00
SUBTOTAL of Disbursements This Page (optional)				•	<u>_</u>		T	_	-y	2500.00
TOTAL This Period (last page this line number on	ly)							,		,	

S	CHEDULE B (FEC Form 3X)	11		F	OR L	INE I	NUN	IBER:	:			PA	GE	172 OF 195
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(C		only 21b	one) 22	×	23	Г	26		27
		Detailed	Summary Page			216 28a		28b		28c	-	29	-	30b
	y information copied from such Reports and State for commercial purposes, other than using the na													
\square	NAME OF COMMITTEE (In Full)	_	_											
	Health Underwriters Political Actio	n Comm	hittee											
Α.	Full Name (Last, First, Middle Initial) Zinke For Congress						D	ate of	f Di	sburse	em	ent		
	Mailing Address PO Box 1596							м м 09	1	D	D 08	/ Y		016
	City Helena	State MT	Zip Code 59624				FI	EC Id	enti	ficatio	n I	Number		
	Purpose of Disbursement 9/13 Lunch			C	011	٦	C	-	1. A	05508		4000	770	
	Candidate Name			Cate	egory	//	A) : 1083 isbursei		this Period
	Zinke, Ryan, , Rep., Office Sought: x House Disburse	ement For:	2010	Ţ	ype		Г				-			000.00
	Senate	Primary	x General				5			7	9/*	13 Lunc	-	
	State: MT District: 00	Other (spe	city) 🔻					Me	mo	Item				
_	Full Name (Last, First, Middle Initial)													
Β.	Matsui For Congress						_	ate of	f Dis	sburse	-		Y	YY
	Mailing Address PO Box 1738							09		C	08		2	016
	City Sacramento	State CA	Zip Code 95812				FI	EC Id	enti	ficatio	n I	Number		
	Purpose of Disbursement	UA	93012	_	_		C	2	C00	04092	19		1	
	9/14 Reception			0	011				-	1) : 1083	7728	<u> </u>
	Candidate Name Matsui, Doris, , ,				egory ype	//	A	moun	t of	Each	Di	isbursei	nent	this Period
		ment For:	2016	1	ype		Е						•	1000.00
	Senate	Primary	x General					_		,	9/	14 Rece	eptio	n
	State: CA District: 05	Other (spe	ecify)					Me	mo	Item				
<u>с.</u>	Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate						D	ate of	f Di	sburse	em	ent		
	Mailing Address PO Box 100847						E	м м 09	1	D	D)8	/ Y		016
	City	State	Zip Code				FI	EC Id	enti	ficatio	on I	Number		
	Anchorage Purpose of Disbursement	AK	99510	_	_		C	`	C0(03845	529			
	9/14 Dinner Candidate Name)11			Tra	ansa	action	n IC	D : 1083		a this Period
	Murkowski, Lisa, , ,				egory ype			nouri		Lucii		5501301		
		ment For:								,				1500.00
	State: Al C District:	Primary Other (spe	cify) ▼				Γ	Ме	mo	Item	9/	14 Dinn	er	
	State: AK District:						-	_	_	_	_		_	
s	UBTOTAL of Disbursements This Page (optional).						ļ	_	_	-			-	3500.00
т	OTAL This Period (last page this line number only	/)								,				

SCHEDULE B (FEC Form 3X)		parate schedule(s)	-				ł:			Р	AGE	173 OF	195
ITEMIZED DISBURSEMENTS	for each	a category of the I Summary Page	(cr		only 1b 8a	one) 22 28b	×	23 28c	F	26 29		27 30b	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n													3
NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comn	nittee											
Full Name (Last, First, Middle Initial) A. Mike Crapo For Us Senate						Date of			em		YY	YY	
Mailing Address P.O. Box 1948	1					09		(08		_2	016	
City Boise	State ID	Zip Code 83701				FEC I	denti	ficatio	on l	Numb	ər	-	
Purpose of Disbursement 9/15 Lunch			0	11		С	1.00	03308 actior		D : 108	3773	0	
Candidate Name Crapo, Michael, , ,				egory/ /pe		Amour	nt of	Each	n D	isburs		t this Perio	bc
Office Sought: House Disburs X Senate President State: ID District:	ement For: Primary Other (sp	X General				м	emo	ltem	9/ [,]	15 Lur		2000.00	
Full Name (Last, First, Middle Initial) B. Friends Of Erik Paulsen						Date o		_	em		Y Y	YYY	
Mailing Address P.O. Box 44369 250 Prairie Center Drive						09			08		2	016	ļ
City Eden Prairie Burnage of Disburgement	State MN	Zip Code 55344				FEC I				Numb	ər	-	
Purpose of Disbursement 9/13 Reception Candidate Name				11 gory/]		ansa		ו ID) : 108 isburs		3 t this Perio	od
Senate President	ement For: Primary Other (sp	x General	Ту	vpe			emo	Item	9/	13 Re		2000.00 m	
State: MN District: 03 Full Name (Last, First, Middle Initial)						-							
C. Friends Of Schumer Mailing Address 192 Lexington Avenue Suite 100)1					Date of 09		D	em 12	_		016	
City	State	Zip Code				FEC I	denti	_	_	Numb			
New York Purpose of Disbursement 9/14 Reception	NY	10016	0,	11	1	С	CO	03463	312			5	
Candidate Name Schumer, Charles, , Sen.,				gory/ /pe								t this Perio	bc
Office Sought: House Disburs X Senate President State: NY District:	ement For: Primary Other (sp	x General				M	emo	Item	9/	14 Re	ceptic	2500.00 on	
SUBTOTAL of Disbursements This Page (optional))		<u> </u>	-	- j		-,		6500.00	
TOTAL This Period (last page this line number on	ly)				•			7	_				

S	CHEDULE B (FEC Form 3X)			F	OR LINI	E NUMBER: PAGE 174 OF 195
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(0	heck or 21k 28a	22 🗶 23 🗌 26 🗌 27
	y information copied from such Reports and State for commercial purposes, other than using the na					
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	nittee			
Α.	Full Name (Last, First, Middle Initial) Bennet For Colorado					Date of Disbursement
	Mailing Address PO Box 3078					09 12 2016
	City Denver Purpose of Disbursement	State CO	Zip Code 80201			FEC Identification Number
	9/15 Breakfast Candidate Name				011	C C00458398 Transaction ID : 10837986
	Bennet, Michael, , ,	ment For:	2016		egory/ ype	Amount of Each Disbursement this Period 2000.00
	X Senate President State: CO District:	Primary Other (spe	X General			9/15 Breakfast Memo Item
в.	Full Name (Last, First, Middle Initial) Friends Of John Mccain Inc Mailing Address 1020 N. Fairfax St.					Date of Disbursement
	City	State	Zip Code			FEC Identification Number
	Alexandria Purpose of Disbursement 9/14 Breakfast	VA	22314		011	C C00341891 Transaction ID : 10838027
		ment For:			egory/ ype	Amount of Each Disbursement this Period
	x Senate President State: AZ District:	Primary Other (spe	∡ General ecify)			9/14 Breakfast Memo Item
C.	Full Name (Last, First, Middle Initial) Carlos Curbelo Congress					Date of Disbursement
	Mailing Address 8724 Sw 72nd Street					09 12 2016
	Miami	State FL	Zip Code 33173			FEC Identification Number
	Purpose of Disbursement 9/8 Dinner Candidate Name Curbelo, Carlos, , Rep.,			Cat)11 egory/ ype	C C00546846 Transaction ID : 10838028 Amount of Each Disbursement this Period
	Office Sought: Senate President State: FL District: 26	ment For: Primary Other (spe	x General			9/8 Dinner Memo Item
s	UBTOTAL of Disbursements This Page (optional).				►	6500.00
т	OTAL This Period (last page this line number only	()			►	

S	CHEDULE B (FEC Form 3X)			F		NE N	NUMBER: PAGE 175 OF 195
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		heck of 2		
	y information copied from such Reports and State for commercial purposes, other than using the na						
\backslash	NAME OF COMMITTEE (In Full)	0					
	Health Underwriters Political Actio	n Comm	littee				
Α.	Full Name (Last, First, Middle Initial) Cresent Hardy For Congress						Date of Disbursement
	Mailing Address PO Box 753941						09 12 2016
	City Las Vegas	State NV	Zip Code 89136				FEC Identification Number
	Purpose of Disbursement		69136	_		_	C C00550608
	9/13 Lunch			C)11		Transaction ID : 10838030
	Candidate Name			Cate	egory/	11	Amount of Each Disbursement this Period
	Hardy, Cresent, , Rep.,			T	ype		0000.00
	Office Sought: X House Disburse Senate	ement For: Primary					2000.00
	President	Other (spe					9/13 Lunch
	State: NV District: 04		(), (), (), (), (), (), (), (), (), (),				Memo Item
	Full Name (Last, First, Middle Initial)						
Β.	Trey For Congress						Date of Disbursement
						_	
	Mailing Address PO Box 421						09 12 2016
	City	State	Zip Code				FEC Identification Number
	Jeffersonville	IN	47130				
	Purpose of Disbursement Local Sept Event				011	11	C C00590463
	Candidate Name			1.00		41	Transaction ID : 10838031 Amount of Each Disbursement this Period
	Hollingsworth, Trey, , ,				egory/ ype		Amount of Each Dispursement this Period
		ement For:	2016				2000.00
	Senate	Primary	X General				Local Sept Event
	State: IN District: 09	Other (spe	ecify)				Memo Item
_	Full Name (Last, First, Middle Initial)						
C.	Comstock For Congress						Date of Disbursement
	Mailing Address PO Box 831						09 / D D / Y Y Y Y 2016
	City	State	Zip Code				FEC Identification Number
	Mc Lean Purpose of Disbursement	VA	22101				C C00554261
	9/20 Lunch			C)11	11	Transaction ID : 10838167
	Candidate Name			Cate	egory/	11	Amount of Each Disbursement this Period
	Comstock, Barbara, , Rep.,				ype		1000.00
		ement For:					1000.00
	Senate President	Primary Other (spe	General x General				9/20 Lunch
	State: VA District: 10		(city)				Memo Item
						I	5000.00
Ľ	UBTOTAL of Disbursements This Page (optional).				••••••	-	
т	OTAL This Period (last page this line number only	/))		, ,

SCHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)			INE N		:			P/	AGE	176 OF	195			
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 28a	22 28b	×	23 28c		26 29		27 30b				
Any information copied from such Reports and Stat or for commercial purposes, other than using the ne	ements may ame and add	not be sold or us dress of any politic	ed by al com	any nmitte	persor ee to s	for the solicit co	purp ntrib	oose utions	of s s fro	soliciti om su	ng co Ich co	ontribution: committee.	S			
NAME OF COMMITTEE (In Full) Health Underwriters Political Action	on Comm	nittee														
Full Name (Last, First, Middle Initial) A. Friends Of Glenn Thompson						Date o	_	sburse		ent	YY	YYY				
Mailing Address PO Box 1112	1					09		1	3		_2	016				
City State College	State PA	Zip Code 16804				FEC Id			-	lumbe	er	_				
Purpose of Disbursement 9/20 Reception Candidate Name			0	11		C		04446	-	: 108	3816	B				
Thompson, Glenn, , ,	ement For:	2016	Cate Ty	egory /pe	//	Amoun	t of	Each	Dis	sburse		t this Perio	od			
State: PA District: 05	ement For: Primary Other (spe	X General				Me	emo	Item	9/2	0 Rec		1.40.1				
Full Name (Last, First, Middle Initial) B. Friends Of John Thune Mailing Address PO Box 841						Date o	_	D		ent /		016				
City Sioux Falls Purpose of Disbursement	State SD	Zip Code 57101				FEC Id		icatio	-	lumbe	er	-				
9/20 Reception Candidate Name Thune, John, , ,			Cate)11 egory /pe	1/	Tra	ansa	ction	ID	: 108 sburse	emen	t this Peri	od			
Office Sought: House Disburs X Senate President State: SD District:	ement For: Primary Other (spe	X General				Me	emo	Item	9/2	0 Red		1000.00 n				
Full Name (Last, First, Middle Initial) C. Friends Of Pat Toomey						Date o		sburse		ent	V	YY				
Mailing Address 228 S. Washington St., Suite 115	5					09	/		3	Ĺ		016				
City Alexandria Purpose of Disbursement 9/21 Lunch	State VA	Zip Code 22314		4.4		FEC Id		icatio 04610	-	lumbe	er					
Candidate Name Toomey, Patrick, , ,	amont For		Cate	11 egory /pe	//					: 108 sburse	emen	1 t this Peri 2000.00	od			
Office Sought: House Disburs X Senate President State: PA District:	ement For: Primary Other (spe	x General				Me	emo	Item	9/2	21 Lur						
SUBTOTAL of Disbursements This Page (optional)								T		-7	-	4000.00	_			
TOTAL This Period (last page this line number on	у)							,								

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 177 OF 195
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee		
Full Name (Last, First, Middle Initial) A. Friends Of Roy Blunt				Date of Disbursement
Mailing Address PO Box 10178				09 / D D / Y Y Y Y 2016
City Columbia	State MO	Zip Code 65205		FEC Identification Number
Purpose of Disbursement 9/21 Dinner Candidate Name			011	C C00304758 Transaction ID : 10838172
Blunt, Roy, , ,	ment For:	2016	Category/ Type	Amount of Each Disbursement this Period 2500.00
State: MO District:	Primary Other (spe	General (Cify) ▼		9/21 Dinner Memo Item
Full Name (Last, First, Middle Initial) B. People For Patty Murray Mailing Address PO Box 3662				Date of Disbursement
City Seattle Purpose of Disbursement 9/22 Breakfast	State WA	Zip Code 98124		FEC Identification Number
Candidate Name Murray, Patty, , Sen.,	ment For:	2016	011 Category/ Type	Transaction ID : 10838173 Amount of Each Disbursement this Period 500.00
State: WA District:	Primary Other (spe	★ General cify)		9/22 Breakfast Memo Item
Full Name (Last, First, Middle Initial) C. Coffman For Congress				Date of Disbursement
Mailing Address 4950 S Yosemite Street F2 #511				09 / D D / Y Y Y Y 2016
City Greenwood Village Purpose of Disbursement	State CO	Zip Code 80111		FEC Identification Number
9/22 Lunch Candidate Name Coffman, Michael, , ,			011 Category/ Type	Transaction ID : 10838175 Amount of Each Disbursement this Period
Office Sought: K House Disburse Senate President State: CO District: 06	ment For: Primary Other (spe	x General		9/22 Lunch Memo Item
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only				4000.00

	CHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE	
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
	ny information copied from such Reports and State for commercial purposes, other than using the na				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)				
/	Health Underwriters Political Action	on Comm	nittee		
Α.	Full Name (Last, First, Middle Initial) Rothfus For Congress				Date of Disbursement
	Mailing Address PO Box 435				09 13 2016
	City	State PA	Zip Code		FEC Identification Number
	Sewickley Purpose of Disbursement 0/22 Recention	FA	15143		C C00497115
	9/22 Reception Candidate Name			011	Transaction ID : 10838176
	Rothfus, Keith, , ,			Category/ Type	Amount of Each Disbursement this Period
		ement For:	2016	1900	1000.00
	Senate President	Primary	General		9/22 Reception
	State: PA District: 12	Other (spe	ecity) V		Memo Item
	Full Name (Last, First, Middle Initial)				
В.	Richard Burr Committee; The				Date of Disbursement
	Mailing Address Post Office Box 5928				09 / 13 / Y Y Y Y 2016
	City	State	Zip Code		FEC Identification Number
	Winston-Salem Purpose of Disbursement	NC	27113		C C00385526
	9/20 Dinner			011	Transaction ID : 10838177
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Burr, Richard, , , Office Sought: House Disburse	ement For:	2016	Туре	2500.00
		Primary	General		9/20 Dinner
	State: NC District:	Other (spe	ecify)		Memo Item
_	Full Name (Last, First, Middle Initial)				Date of Disbursement
0.	Dold For Congress				
	Mailing Address PO Box 6312				09 13 2016
	City Libertyville	State IL	Zip Code 60048		FEC Identification Number
	Purpose of Disbursement				C C00465971
	9/22 Lunch			011	Transaction ID : 10838178
	Candidate Name Dold, Robert, , , Jr			Category/ Type	Amount of Each Disbursement this Period
		ement For:	2016	- , , , , , , , , , , , , , , , , , , ,	1000.00
	Senate	Primary	General		9/22 Lunch
	State: IL District: 10	Other (spe	ecity) 🔻		Memo Item
Г					
s	UBTOTAL of Disbursements This Page (optional)			••••••	4500.00
т	OTAL This Period (last page this line number only	y)		••••••	

Detailed Summary Page 28a 28b 28c Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of sol or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (In Full) Health Underwriters Political Action Committee Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address PO Box 19128 09 City State Zip Code	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (In Full) Health Underwriters Political Action Committee Full Name (Last, First, Middle Initial) A. Mcsally For Congress Mailing Address PO Box 19128 City State Zip Code FEC Identification Nur	26 27 29 30b
Health Underwriters Political Action Committee Full Name (Last, First, Middle Initial) A. Mcsally For Congress Mailing Address PO Box 19128 City State Zip Code	
A. Mcsally For Congress Mailing Address PO Box 19128 Date of Disbursement City State Zip Code FEC Identification Nur	
City State Zip Code FEC Identification Nur	/ Y Y Y Y
	2016
Tucson AZ 85731 Purpose of Disbursement C C00512236	mber
Purpose of Disbursement Future Comp Event Candidate Name O11 Category/ D11 Category/	
McSally, Martha, , Rep., Office Sought: X House Disbursement For: 2016	2000.00
Senate Primary & General	re Comp Event
Full Name (Last, First, Middle Initial) Date of Disbursement B. Charlie Dent For Congress Date of Disbursement Mailing Address PO Box 442	t 2016
City State Zip Code Allentown PA 18105 Purpose of Disbursement C C00386847	mber
9/14 Lunch 011 Candidate Name Category/ Dent, Charles, , , Disbursement For: 2016	
Full Name (Last, First, Middle Initial) C. Rand Paul For Us Senate Date of Disbursement	t / Y Y Y Y
Mailing Address 1332 Andrea St	2016
City State Zip Code Bowling Green KY 42104 Purpose of Disbursement C C00462069	mber
9/23 In-State Trip 011 Transaction ID : Candidate Name Category/ Type Amount of Each Disb	ursement this Period
Office Sought: House Disbursement For: 2016 x Senate Primary x General 9/23 President Other (specify) ✓ Memo Item	4000.00 In-State Trip
SUBTOTAL of Disbursements This Page (optional)	8000.00

SCHEDULE B (FEC Form		Use sepa	arate schedule(s)			LINE N	IUMBER	:			PAG	E 18	30 OF 19
ITEMIZED DISBURSEMEN	13		category of the Summary Page			21b 28a	22 28b	×	23 28c		26 29		27 80b
Any information copied from such Report or for commercial purposes, other than	rts and State using the nar	ments may i me and addi	not be sold or us ress of any politic	ed by cal con	any nmiti	persor tee to :	n for the solicit co	purp ntrib	oose o utions	of sol	citing such	cont corr	ributions imittee.
NAME OF COMMITTEE (In Full) Health Underwriters Politi	cal Actio	n Comm	ittee										
Full Name (Last, First, Middle Initial) A. Courtney For Congress							Date o	_	sburse		Y	Y	YY
Mailing Address PO Box 1372							09		1	4	L	201	6
City Vernon		State CT	Zip Code 06066				FEC Id				nber	_	_
Purpose of Disbursement 9/26 Baseball game				0)11		C)4102: Iction	-	08383	872	
Candidate Name Courtney, Joseph, , Rep., Office Sought:		ment For: 2	2040	Cate Ty	egor ype	y/	Amoun	t of	Each	Disbu	urseme	-	nis Period
Office Sought: Senate President State: CT District: 02		Primary Other (spec	X General				Me	emo	Item	9/26 I	Baseba		
Full Name (Last, First, Middle Initial) B. Latta For Congress Mailing Address PO Box 106							Date o	_	D	_	Y	ү 201	Y Y 6
City Bowling Green Purpose of Disbursement 9/27 Dinner		State OH	Zip Code 43402			_	FEC Id		icatio		nber		
Candidate Name Latta, Robert, , , Office Sought: X House Senate President State: OH District: 05	Disburse	ment For: 2 Primary Other (spec	x General	Cate)11 egor ype	y/	Amoun	t of	Each	Disbu	08383 urseme Dinner	ent ti 10	nis Period 00.00
Full Name (Last, First, Middle Initial) C. Rob Woodall For Congres	SS						Date o		sburse		V	V	Y Y
Mailing Address Post Office Box 1871							09	ľ		4	Ľ	201	
City Lawrenceville Purpose of Disbursement 9/28 Lunch Candidate Name Woodall, Rob, , ,		State GA	Zip Code 30046	Cate)11 egor	y/		C00)4823 Action	07 ID:′	10838:		nis Period
Office Sought: House Senate President State: GA District: 07	Disburse	ment For: 2 Primary Other (spec	x General		уре		Me	emo	, Item	9/28	Lunch	10	00.00
SUBTOTAL of Disbursements This Pag									.	-	-y	45	500.00
S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 181 OF 195								
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IT	EMIZED DISBURSEMENTS	for each	parate schedule(s) category of the Summary Page	(check only 21b 28a	-								
	ny information copied from such Reports and State for commercial purposes, other than using the na												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	•	•										
	Health Underwriters Political Action	on Comn	nittee										
A.	Full Name (Last, First, Middle Initial) Virginia Foxx For Congress				Date of Disbursement								
	Mailing Address P.O. Box 1100				09 14 2016								
	City	State	Zip Code		FEC Identification Number								
	Clemmons Purpose of Disbursement	NC	27012		C C00386748								
	9/29 Lunch			011	C C00386748 Transaction ID : 10838376								
	Candidate Name			Category/	Amount of Each Disbursement this Period								
	Foxx, Virginia, , , Office Sought: x House Disburse	ement For:	2040	Туре	1000.00								
	Office Sought: X House Disburse	Primary	2016 X General		9/29 Lunch								
	State: NC District: 05	Other (spe	ecify)		Memo Item								
_	Full Name (Last, First, Middle Initial)												
B.	Hudson For Congress				Date of Disbursement								
	Mailing Address PO Box 5053				09 14 2016								
	City Concord	State NC	Zip Code 28027		FEC Identification Number								
	Purpose of Disbursement 10/7 Trip		20021	011	C C00504522								
	Candidate Name			Category/	Transaction ID : 10838377 Amount of Each Disbursement this Period								
	Hudson, Richard, , , Jr.	mart E		Туре	4000.00								
	Office Sought: X House Disburse	ement For: Primary	2016 X General		4000.00								
	President	Other (spe	••		10/7 Trip Memo Item								
_	State: NC District: 08 Full Name (Last, First, Middle Initial)				Dete of Dieburgement								
С.	Mike Kelly For Congress				Date of Disbursement								
	Mailing Address PO Box 476				09 14 2016								
	City	State	Zip Code		FEC Identification Number								
	Lyndora Purpose of Disbursement	PA	16045		C C00474189								
	10/8 Dinner Candidate Name			011	Transaction ID : 10838378								
	Kelly, George, , , Jr			Category/ Type	Amount of Each Disbursement this Period								
	Office Sought: K House Disburse	ement For:	2016		1000.00								
	Senate	Primary Other (sp)	General		10/8 Dinner								
	State: PA District: 03	Other (spe	ecity) 🔻		Memo Item								
Γ					000.00								
S	UBTOTAL of Disbursements This Page (optional)			•••••••	6000.00								
т	OTAL This Period (last page this line number only	y)		····· ►									

SCHEDULE B (FEC Form 3X)			FOR LIN	NUMBER: PAGE 182 OF 1								
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check or 21t 28a	nly one) 22 X 23 26 27								
Any information copied from such Reports and State or for commercial purposes, other than using the na												
NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Comm	ittee										
Full Name (Last, First, Middle Initial) A. Roskam For Congress Committee)			Date of Disbursement								
Mailing Address P. O. Box 713		1		09 14 2016								
City Wheaton	State IL	Zip Code 60187		FEC Identification Number								
Purpose of Disbursement 10/8 Dinner			011	C C00410969 Transaction ID : 10838379								
Candidate Name Roskam, Peter, , ,			Category/ Type	Amount of Each Disbursement this Period								
Senate President	ement For: 2 Primary Other (spe	x General		1000.00 10/8 Dinner Memo Item								
State: IL District: 06 Full Name (Last, First, Middle Initial) B. Walker 4 Nc Mailing Address PO Box 99247				Date of Disbursement								
City Raleigh Purpose of Disbursement 9/26 Lunch	State NC	Zip Code 27624		FEC Identification Number								
Candidate Name Walker, Mark, , Rep.,	ement For: ; Primary Other (spe	x General	011 Category/ Type	Transaction ID : 10838418 Amount of Each Disbursement this Period 1000.00 9/26 Lunch Memo Item								
Full Name (Last, First, Middle Initial) C. Duffy For Congress				Date of Disbursement								
Mailing Address PO Box 538				09 14 2016								
City Wausau Purpose of Disbursement 9/26 Dinner	State WI	Zip Code 54402	011	FEC Identification Number C C00464339								
Candidate Name Duffy, Sean, , , Office Sought: x House Disburse	ement For:	2016	Category/ Type	Transaction ID : 10838419 Amount of Each Disbursement this Period 1000.00								
Senate Set State: WI District: 07	Primary Other (spe	x General		9/26 Dinner Memo Item								
SUBTOTAL of Disbursements This Page (optional).				3000.00								

S	CHEDULE B (FEC Form 3X)			FOR LINE	
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na				
\backslash	NAME OF COMMITTEE (In Full)				
	Health Underwriters Political Action	on Comm			
A.	Full Name (Last, First, Middle Initial) Walters For Congress				Date of Disbursement
	Mailing Address C/O 8001 Irvine Center Drive, #40	00			09 14 _2016
	City Irvine	State CA	Zip Code 92618		FEC Identification Number
	Purpose of Disbursement	UA	92010		C C00546853
	9/29 Reception			011	Transaction ID : 10838420
	Candidate Name Walters, Mimi, , ,			Category/ Type	Amount of Each Disbursement this Period
		ement For:	2016	ishe	1000.00
	Senate	Primary	x General		9/29 Reception
	State: CA District: 45	Other (spe	city) 🔻		Memo Item
	Full Name (Last, First, Middle Initial)				
В.	Mimi Walters Victory Fund				Date of Disbursement
	Mailing Address 38 EXECUTIVE PARK SUITE 390				09 14 2016
	City Irvine	State CA	Zip Code 92614		FEC Identification Number
	Purpose of Disbursement 9/15 Local Event	0/1	32014	011	C
	Candidate Name			Category/ Type	Transaction ID : 10838434 Amount of Each Disbursement this Period
		ement For:			1000.00
	Senate President	Primary Other (spe	cifv) General		9/15 Local Event
	State: District:				Memo Item
с.	Full Name (Last, First, Middle Initial) Friends Of Jared Polis Committee				Date of Disbursement
	Mailing Address P.O. Box 4572				09 / D D / Y Y Y Y Y 2016
	City Boulder	State CO	Zip Code 80306		FEC Identification Number
	Purpose of Disbursement 9/21 Reception	00		011	C C00435370
	Candidate Name Polis, Jared, , Rep.,			Category/ Type	Transaction ID : 10839967 Amount of Each Disbursement this Period
		ement For:	2016		1000.00
	Senate President	Primary Other (spe	General (cify) ▼		9/21 Reception Memo Item
_	State: CO District: 02				
s	UBTOTAL of Disbursements This Page (optional).			••••••	3000.00
Т	OTAL This Period (last page this line number only	/)		••••••	, ,

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 184 OF 195								
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only									
		Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b								
Any information copied from such Reports and Stat	ements may	not be sold or use										
or for commercial purposes, other than using the na												
NAME OF COMMITTEE (In Full)												
Health Underwriters Political Action	on Comm	nittee										
Full Name (Last, First, Middle Initial)				Date of Disbursement								
A. Friends Of Michelle												
Mailing Address P.O. Box 25422				09 15 2016								
City Albuquerque	State NM	Zip Code 87125		FEC Identification Number								
Purpose of Disbursement		0/120		C C00501254								
9/21 Dinner			011	Transaction ID : 10839968								
Candidate Name			Category/	Amount of Each Disbursement this Period								
Grisham, Michelle, , ,			Туре	4000.00								
Office Sought: X House Disburs	ement For: Primary			1000.00								
President	Other (spe	••		9/21 Dinner								
State: NM District: 01		<i>,</i> , ,		Memo Item								
Full Name (Last, First, Middle Initial)												
B. Kathleen Rice For Congress				Date of Disbursement								
Mailing Address 410 Jericho Turnpike Suite 200	01-1-	7		09 15 2016								
City Jericho	State NY	Zip Code 11753		FEC Identification Number								
Purpose of Disbursement												
9/21 Reception			011	Transaction ID : 10839969								
Candidate Name			Category/	Amount of Each Disbursement this Period								
Rice, Kathleen, , Rep., Office Sought: Y House Disburs	omont Car		Туре	1000.00								
Office Sought: X House Disburs	ement For: Primary	2016 X General										
President	Other (spe	••		9/21 Reception								
State: NY District: 04		.,		Memo Item								
Full Name (Last, First, Middle Initial)												
C. Texans For Henry Cuellar Congre	essional (Campaign		Date of Disbursement								
Mailing Address 4540 Westington Official												
Mailing Address 1519 Washington Street Suite 200				09 15 2016								
City	State	Zip Code		FEC Identification Number								
Laredo	ТХ	78040										
Purpose of Disbursement 9/22 Reception			011	C C00371302								
Candidate Name				Transaction ID : 10839970								
Cuellar, Henry, , Rep.,			Category/ Type	Amount of Each Disbursement this Period								
	ement For:	2016		1000.00								
Senate	Primary	🗙 General		9/22 Reception								
President	Other (spe	ecify) 🔻		Memo Item								
State: TX District: 28												
SUBTOTAL of Dishurpersonts This Dame (anti-				3000.00								
SUBTOTAL of Disbursements This Page (optional)			•••••									
TOTAL This Period (last page this line number on	ly)											

SC	HEDULE B (FEC Form 3X)			FOR LI	NE NUMBER: PAGE 185 OF 195
ITE	MIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	2	only one) 1b 22 ¥ 23 26 27 3a 28b 28c 29 30b
	r information copied from such Reports and State or commercial purposes, other than using the na				
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee		
	Full Name (Last, First, Middle Initial) Defazio For Congress				Date of Disbursement
1	Mailing Address PO Box 1316				09 15 2016
9	City Springfield Purpose of Disbursement	State OR	Zip Code 97477		FEC Identification Number
	9/22 Dinner Candidate Name			011 Category/	C C00215905 Transaction ID : 10839971 Amount of Each Disbursement this Period
	Senate	ement For:	X General	Туре	9/22 Dinner
F	State: OR District: 04	Other (spe	ecny) ▼		Memo Item
-	Clarke For Congress Mailing Address 111-36 200th. Street				Date of Disbursement
I	City Hollis Purpose of Disbursement 9/23 Lunch	State NY	Zip Code 11412	011	FEC Identification Number
	Candidate Name Clarke, Yvette, , Rep., Dffice Sought: x House Disburse Senate	ement For: Primary	2016 X General	Category/ Type	Transaction ID : 10839972 Amount of Each Disbursement this Period 1000.00 9/23 Lunch
	State: NY District: 09	Other (spe	cify)		Memo Item
-	Full Name (Last, First, Middle Initial) Stabenow For Us Senate				Date of Disbursement
ſ	Mailing Address P.O. Box 4945				09 15 2016
E	Dity East Lansing Purpose of Disbursement 9/27 Reception	State MI	Zip Code 48826	011	FEC Identification Number C C00344473 Transaction ID : 10839973
_	Candidate Name Stabenow, Debbie, , Sen., Dffice Sought: House Disburse	ement For:	2016	Category/ Type	Amount of Each Disbursement this Period
	State: MI District:	Primary Other (spe	x General		9/27 Reception Memo Item
	BTOTAL of Disbursements This Page (optional).			•••••	3000.00
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	CHEDULE B (FEC Form 3X)		arate schedule(s)			LINE NUMBER: PAGE 186 O								
	EMIZED DISBURSEMENTS	for each Detailed	category of the Summary Page		heck o 21 28	b a	22 28b	×	28c	26		27 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na													
\setminus	NAME OF COMMITTEE (In Full)													
\mathbb{V}	Health Underwriters Political Action	on Comm	nittee											
Α.	Full Name (Last, First, Middle Initial) Delbene For Congress						Date o							
	Mailing Address PO Box 487			09 15 2016										
	City Bothell	State WA	Zip Code 98041				FEC I	denti	ficatio	n Numt	er			
	Purpose of Disbursement 9/28 Dinner	WA .	98041	0	11		С	1	04590					
	Candidate Name			Cate	egory/					ID:10 Disburs		'4 It this Period		
	Delbene, Suzan, , ,				ype		-							
	Office Sought: X House Disburse Senate President	ement For: Primary Other (spe	X General							9/28 Di	nner	1000.00		
	State: WA District: 01	```					M	61110	Item					
B.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sar	nchez					Date o		sburse		Y	YYY		
	Mailing Address 410 1st St Se Suite 310	1					09 15 2016							
	City Washington	State Zip Code DC 20003					FEC I	denti	ficatio	n Numt	er			
	Purpose of Disbursement 9/28 Reception	<u> </u>)11		C C00384057 Transaction ID : 10839977									
	Candidate Name				egory/					-		t this Period		
	Sanchez, Linda, , , Office Sought: K House Disburse	ement For:	2016	Iy	/pe	_						1000.00		
	Senate	Primary	General				<u> </u>		,	9/28 Re		on		
	State: CA District: 39	Other (spe	ecify)				М	emo	Item					
C.	Full Name (Last, First, Middle Initial) Courtney For Congress						Date o	of Dis						
	Mailing Address PO Box 1372						м 09	1 /	D 1	5		2016		
	City Vernon	State CT	Zip Code 06066				FEC I	denti	ficatio	n Numt	er			
	Purpose of Disbursement 9/29 Breakfast			0	11		С	1	04102	33 ID : 10	83997	18		
	Candidate Name				egory/					-		t this Period		
	Courtney, Joseph, , Rep., Office Sought: x House Disburse	ement For:	2016	13	ype	-						500.00		
	Senate President	Primary Other (spe	x General				М	emo	Item	9/29 Br	eakfa	st		
_	State: CT District: 02						-							
	UBTOTAL of Disbursements This Page (optional)						E		7			2500.00		
Т	OTAL This Period (last page this line number only	y)			····· Þ				,	_				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER [·] PAGE 187 OF 195							
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)							
		Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b							
Any information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)	•	•									
Health Underwriters Political Actic	on Comm	nittee									
Full Name (Last, First, Middle Initial) A. Tony Cardenas For Congress				Date of Disbursement							
Mailing Address 3700 Wilshire Blvd Suite 1050-B				09 15 2016							
City Los Angeles	State CA	Zip Code 90010		FEC Identification Number							
Purpose of Disbursement 9/29 Lunch	_		011	С С00498873							
Candidate Name			011	Transaction ID : 10839979 Amount of Each Disbursement this Period							
Cardenas, Tony, , Rep.,			Category/ Type	Amount of Each Disbursement this Penod							
Office Sought: X House Disburse Senate President	ement For: Primary Other (spe	x General		9/29 Lunch Memo Item							
State: CA District: 29											
Full Name (Last, First, Middle Initial) B. Gregg Harper For Congress Mailing Address Post Office Box 54344				Date of Disbursement							
City Pearl	State MS	Zip Code 39288		FEC Identification Number							
Purpose of Disbursement 10/10 Local Event			011	C C00441295 Transaction ID : 10839980							
Candidate Name			Category/	Amount of Each Disbursement this Period							
Harper, Gregg, , , Office Sought:	ement For:	2016	Туре	1000.00							
Senate	Primary	General		10/10 Local Event							
State: MS District: 03	Other (spe	ecify)		Memo Item							
Full Name (Last, First, Middle Initial)				Date of Disbursement							
				M M / D D / Y Y Y Y							
Mailing Address PO Box 1496				09 15 2016							
City Louisville	State KY	Zip Code 40201		FEC Identification Number							
Purpose of Disbursement 9/23 In-State Trip		40201	011	C C00193342							
Candidate Name McConnell, Mitch, , ,			Category/ Type	Transaction ID : 10839981 Amount of Each Disbursement this Period							
	ement For:	2020	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5000.00							
Stoto: KX District	Primary Other (spe	General ecify)		9/23 In-State Trip Memo Item							
State: KY District:											
SUBTOTAL of Disbursements This Page (optional)			····· •	7000.00							
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	EDULE B (FEC Form 3X)		arate schedule(s)				NUMBER: PAGE 188 OF 195													
ITEM	IZED DISBURSEMENTS	for each	category of the Summary Page			c only 21b 28a	one) 22 28b	_	23 28c	2		27 30b								
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	ME OF COMMITTEE (In Full) ealth Underwriters Political Actio	n Comm	ittee																	
	Name (Last, First, Middle Initial) eorge Holding For Congress Inc								Date of Disbursement											
Mai	ling Address PO Box 97187		09 15 2016																	
	eigh	State NC	Zip Code 27624				FEC Id				oer	-								
9/2	pose of Disbursement 28 Dinner			0	11		C	1. Alt 1.	49923 ction	86 ID : 10	83998	3								
Ho	ndidate Name Diding, George, , , ce Sought: x House Disburse			Cate Ty	egory /pe	y/	Amoun	t of E	Each	Disbur	semer	t this Period								
Stat	Senate President	ement For: 2 Primary Other (spec	x General				Ме	emo l		9/28 Di	nner									
Full B. M	Name (Last, First, Middle Initial) anchin For West Virginia				Date of Disbursement															
City		State		FEC Identification Number																
Pur 9/2	arleston pose of Disbursement 26 Lunch didate Name	WV 25361 011					01							C C00486563 Transaction ID : 10839984 Amount of Each Disbursement this Peri 1000.00 9/26 Lunch Memo Item						
	x Senate x President	Primary	Category/ Type ement For: 2018 Primary General Other (specify)																	
	Name (Last, First, Middle Initial) cople For Ben						Date o	_												
Mai	ling Address PO Box 31129						м м 09	/	D 19			2016								
Pur	ta Fe pose of Disbursement	State NM	Zip Code 87594		_	_	FEC Id		catior 44368		ber									
Car Lu	ididate Name Jjan, Ben, , ,			Cate	11 egory /pe	y/				ID : 1(Disbur		it this Period								
	Senate President	ement For: 2 Primary Other (spec	x General				Me	emo l		9/26 R	ecepti	1 40 1								
Pur 9/2 Car Lt Offi Stat	pose of Disbursement 26 Reception Ididate Name Jjan, Ben, , , ce Sought: Senate President	ement For: 2 Primary Other (spec	2016 ▼ General cify) ▼	Cate	egory	• •	Tra Amoun Me	emo l	ction Each tem	ID : 10 Disbur	ecepti	nt this Per 1000.00								

SC	HEDULE B (FEC Form 3X)			FO	R I INF	NUMBER: PAGE 189 OF 195							
ITI	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the		eck only 21b								
		Detailed	Summary Page		28a	28b 28c 29 30b							
	y information copied from such Reports and State for commercial purposes, other than using the na												
$\left \right $	NAME OF COMMITTEE (In Full)												
	Health Underwriters Political Actio	n Comm	ittee										
	Full Name (Last, First, Middle Initial) Paul Mitchell For Congress					Date of Disbursement							
	Mailing Address PO Box 430					09 / D D / Y Y Y Y 20 2016							
	City Dewitt	State MI	Zip Code 48820			FEC Identification Number							
	Purpose of Disbursement Local Sept Event			01	1	C C00561423							
	Candidate Name			Categ		Transaction ID : 10840577 Amount of Each Disbursement this Period							
	Mitchell, Paul, , , III Office Sought: x House Disburse	ement For: 2	2016	Тур	be	2000.00							
	Senate President	Primary Other (spe	x General cify) ▼			Local Sept Event							
	State: MI District: 10 Full Name (Last, First, Middle Initial)	-											
_	Mike Bost For Congress Committe	ee				Date of Disbursement							
	Mailing Address PO Box 1212					09 / 21 / 2016							
	City Murphysboro	State IL	Zip Code 62966			FEC Identification Number							
	Purpose of Disbursement 10/3 Local Event			01	1	C C00546499							
	Candidate Name			Categ	norv/	Transaction ID : 10842488 Amount of Each Disbursement this Period							
	Bost, Mike, , Rep.,			Тур									
		ement For:				1000.00							
	Senate	Primary	General			10/3 Local Event							
	State: IL District: 12	Other (spec	сіту)			Memo Item							
	Full Name (Last, First, Middle Initial) Mike Bost For Congress Committe	e				Date of Disbursement							
	Mailing Address PO Box 1212					M M / D D / Y Y Y Y 09 21 2016							
	City	State	Zip Code			FEC Identification Number							
	Murphysboro Purpose of Disbursement 1:1 DC Meeting	IL	62966		_	C C00546499							
	Candidate Name			01 Categ		Transaction ID : 10842489 Amount of Each Disbursement this Period							
	Bost, Mike, , Rep.,			Тур		1000.00							
		ement For: 2				1000.00							
	President	Primary Other (spe	General			1:1 DC Meeting							
	State: IL District: 12		city) 🔻			Memo Item							
s	UBTOTAL of Disbursements This Page (optional).				▶	4000.00							
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TEMIZED DISBURSEMENTS		parate schedule(s)	1 (0	heck	NE NUMBER: PAGE 190 OF only one)							195				
		category of the Summary Page			21b 28a	22 28b	×	23 28c		26 29		27 30b				
ny information copied from such Reports and Sta r for commercial purposes, other than using the r																
NAME OF COMMITTEE (In Full) Health Underwriters Political Acti	on Comm	nittee														
Full Name (Last, First, Middle Initial) • Scalise For Congress						Date		sburse		nt	YYY	YY	1			
Mailing Address PO Box 23219						09		2	21		20	016				
City Jefferson	State LA	Zip Code 70183				FEC I	denti	ficatio	n N	umbe	r	_				
Purpose of Disbursement Local Oct Meeting			C	011		С	1.00	03949 action	-	: 1084	12490)				
Candidate Name Scalise, Steve, , ,				egory ype	/	Amou	nt of	Each	Dis	burse		this Per	iod			
Office Sought:	sement For: Primary Other (spe	X General				N	emo		Loc	al Oc	1	1000.00 ting				
Full Name (Last, First, Middle Initial) Trott For Congress, Inc. Mailing Address P.O. Box 217								Date of Disbursement								
City Troy Purpose of Disbursement Local Oct Event	State MI	Zip Code 48099		011	-	FEC	C00)54894	41							
Candidate Name Trott, Dave, , Rep., Office Sought: X House Disburs Senate President	sement For: Primary Other (spe	X General		egory ype	/	Amou		7	Dis		ment	this Per 2000.00				
Full Name (Last, First, Middle Initial) Ryan Costello For Congress 						Date		sburse		nt	Y Y	YY	1			
Mailing Address PO Box 3154						09		2	21			016				
City West Chester Purpose of Disbursement 10/6 Local Event Candidate Name Costello, Ryan, , Rep.,	State PA	Zip Code 19381	Cate)11 egory	/		C00	05548 action	99 1 D	: 108	42492	2 this Per	iod			
Office Sought: Senate President State: PA District: 06 Disburg	sement For: Primary Other (spe	x General					emo	Item	10/	6 Loc		2500.00 ent				
SUBTOTAL of Disbursements This Page (optiona	-				_			7		7		5500.00	2			

SCHEDULE B (FEC Form 3X)		arate schedule(s)				UMBER	:			P	AGE	191 OF 195						
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page			c only o 21b 28a	22 28b	×	23 28c	F	26		27 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may me and add	not be sold or use ress of any politica	d by al com	any	persor	n for the	pur ntrib	pose	of s fr	soliciti	ng co uch co	ontributions						
NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	on Comm	ittee																
Full Name (Last, First, Middle Initial) A. Billy Long For Congress						Date o	f Dis	sburse	em	ent								
Mailing Address 3246 E. Ridgeview Street			09 / D D / Y Y Y Y Y 21 2016															
City Springfield	StateZip CodeMO65804						FEC Identification Number											
Purpose of Disbursement 9/30 Trip			0	11		C		04600 Inction) : 108	4249	3						
Candidate Name Long, Billy, , , Office Sought: x House Disburse	ement For:	2016	Cate Ty	egor /pe	y/						emen	t this Period 3000.00						
Senate President	Senate Primary ✗ General President Other (specify) ▼									9/30 Trip Memo Item								
Full Name (Last, First, Middle Initial) B. Morgan Griffith For Congress Mailing Address PO Box 361								Date of Disbursement										
City Christiansburg Purpose of Disbursement	State VA		FEC Identification Number															
Local Oct Meeting Candidate Name Griffith, H Morgan, , ,	ement For:		Cate)11 egory /pe	y/	Transaction ID : 10843284 Amount of Each Disbursement this												
Senate President State: VA District: 09	Primary Other (spe		Me	eting														
Full Name (Last, First, Middle Initial) C. TRUST PAC TEAM REPUBLICANS FOR	UTILIZING	SENSIBLE TAG	стіс	s		Date o				ent								
Mailing Address 228 S. Washington Street						09	/	D 2	22			016						
City Alexandria Purpose of Disbursement June 2016 Trip	State VA	Zip Code 22314	0	11	_			ficatio 03307	-		er							
Candidate Name TRUST PAC TEAM REPUBLICANS FOR UTILIZI	NG SENSIBL	y/	Transaction ID : 10843321 Amount of Each Disbursement this P															
Office Sought: House Disburse Senate President State: District:	sement For: Primary General Other (specify) ▼						5000.00 June 2016 Trip Memo Item											
SUBTOTAL of Disbursements This Page (optional).					•			7		- 7		9000.00						
TOTAL This Period (last page this line number only	/)				►			,		,								

	HEDULE B (FEC Form 3X)	Use sep	arate schedule(s)				E NUMBER: PAGE 192						192 OF 19		
	MIZED DISBURSEMENTS		category of the Summary Page			21b 28a	22 28b	×	23 28c		26 29		27 30b		
	information copied from such Reports and State or commercial purposes, other than using the na														
	AME OF COMMITTEE (In Full) Health Underwriters Political Actic	on Comm	nittee												
	ull Name (Last, First, Middle Initial) Jim Renacci For Congress						Date o	f Dis	sburse	eme	nt				
_	1ailing Address 150 Smokerise Drive			09 / D D / Y Y Y Y 23 2016											
V	ity Vadsworth	State OH	Zip Code 44281				FEC Id	lentil	ficatio	n N	umbe	er			
I	urpose of Disbursement Local 10/19 Meeting candidate Name)11			ansa	04663	ID					
F	Renacci, James, , ,	ement For:	2016	Cate T	egor ype	ry/	Amoun	t of	Each	Dis	-		t this Period 1000.00		
0	tate: OH District: 16	Primary Other (spe	General €				Me	emo	Item	Loc	al 10		eeting		
F	ull Name (Last, First, Middle Initial) Menendez For Senate						Date o	_	sburse		nt	YYY	YY		
_	Iailing Address PO Box 32248	01-1-					FEC Identification Number								
N P	ity lewark urpose of Disbursement 09/27 Reception	State NJ	Zip Code 07102	(011	-	С	C00	2645	64					
N D		ement For: Primary Other (spe	General	Cate	egor ype	ry/						t this Period			
	ull Name (Last, First, Middle Initial) Friends Of Mark Warner						Date o	_	sburse		nt	V	YY		
N	lailing Address 2034 Eisenhower Avenue, Suite 2	222					09	ĺ		23			016		
A P	ity Iexandria urpose of Disbursement 9/27 Lunch	State VA	Zip Code 22314	C)11	-	FEC Id	C00	04387	13					
1	andidate Name Warner, Mark, , ,			Cate	egor ype	ry/			action Each			emen	t this Period		
	tate: VA District:	ement For: Primary Other (spe	General				Me	emo	Item	9/2	7 Lur		2500.00		
SU	BTOTAL of Disbursements This Page (optional).								7		-,		4500.00		
то	TAL This Period (last page this line number only	/)							,						

S	CHEDULE B (FEC Form 3X)			FC	R LINE	NUMBER: PAGE 193 OF 195
IT	EMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page			y one) 22 X 23 26 27 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na					
	NAME OF COMMITTEE (In Full) Health Underwriters Political Actio	n Comm	ittee			
A.	Full Name (Last, First, Middle Initial) Katko For Congress	Date of Disbursement				
	Mailing Address PO Box 133	09 29 2016				
	City Camillus Purpose of Disbursement	State NY	Zip Code 13031			FEC Identification Number
	Future Comp Event 011 Candidate Name Category.					C C00556365 Transaction ID : 10845004 Amount of Each Disbursement this Period
	Katko, John, , Rep., Office Sought:	Primary	X General		pe	1000.00 Future Comp Event
— R	State: NY District: 24 Full Name (Last, First, Middle Initial)					Date of Disbursement
	Denham For Congress Mailing Address 2150 River Plaza Dr., #150	09 / 29 / 2016				
	City Sacramento Purpose of Disbursement Future Comp Event	State CA	Zip Code 95833	0	11	FEC Identification Number
	Candidate Name Denham, Jeff, , , Office Sought:		gory/	Transaction ID : 10845005 Amount of Each Disbursement this Period 1000.00		
	State: CA District: 19	Primary Other (spe	∡ General cify)			Future Comp Event Memo Item
c.	Full Name (Last, First, Middle Initial)	Date of Disbursement				
	Mailing Address PO Box 984	09 29 2016				
	City Willows Purpose of Disbursement	State CA	Zip Code 95988			FEC Identification Number
	Future Comp Event Candidate Name Knight, Steve, , Rep.,					C C00554014 Transaction ID : 10845006 Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President State: CA District: 25	ement For: 2016 Primary x General Other (specify) ▼				Future Comp Event Memo Item
s	UBTOTAL of Disbursements This Page (optional).				····· Þ	3000.00
т	OTAL This Period (last page this line number only	/)			►	

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SCHEDULE B (FEC Form 3X)			Use separate schedule(s)			NUMBER: PAGE 194 OF 195	
	ZED DISBURSEMENTS	for each	for each category of the Detailed Summary Page			one) 22 X 23 26 27 28b 28c 29 30b	
	rmation copied from such Reports and State mmercial purposes, other than using the na						
	e of COMMITTEE (In Full) alth Underwriters Political Actic	on Comm	ittee				
	lame (Last, First, Middle Initial) adao For Congress	Date of Disbursement					
Mailin	g Address 5132 N Palm Ave #227	09 29 2016					
City Fresn	-	State CA	Zip Code 93704			FEC Identification Number	
Futu	ose of Disbursement re Comp Event idate Name	011				C C00499392 Transaction ID : 10845007	
Vala	adao, David, , Rep.,	ement For:	2016	Categor Type		Amount of Each Disbursement this Period 1000.00	
	Senate President	Primary Other (spe	X General			Future Comp Event Memo Item	
B. Frie	ame (Last, First, Middle Initial) ends Of Neal Dunn		Date of Disbursement				
City			FEC Identification Number				
Purpo Loca	Tallahassee FL 32308 Purpose of Disbursement Local Oct Meeting					C C00582304 Transaction ID : 10845039	
Dur	Senate President	ement For: Primary Other (spe	x General	Categor Type		Amount of Each Disbursement this Period 2000.00 Local Oct Meeting Memo Item	
Full N C.	Jame (Last, First, Middle Initial)	Date of Disbursement					
Mailin	g Address						
City		State	Zip Code			FEC Identification Number	
	Purpose of Disbursement Candidate Name Categories					C Amount of Each Disbursement this Period	
Office	Office Sought: House Disbursement For:						
State:	Senate President District:	Primary Other (spe	General cify) ▼			Memo Item	
SUBTO	TAL of Disbursements This Page (optional)				• ▶	3000.00	
TOTAL	This Period (last page this line number only	/)			•	130500.00	

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 195 OF 195	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only	eck only one)	
		Summary Page	21b X 28a	22 23 26 27 28b 28c 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
		•			
Health Underwriters Political Actio	n Comm	ittee			
Full Name (Last, First, Middle Initial) A. Smith, Kevin, W., ,	Date of Disbursement				
Mailing Address 2000 RiverEdge Parkway Suite 1010	•				
City Soudy Springe	State GA	Zip Code 30328-4657		FEC Identification Number	
Sandy Springs Purpose of Disbursement Contribution Error	010			C	
Candidate Name			Category/ Type	Transaction ID : 10838314 Amount of Each Disbursement this Period	
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General Gify) ▼		50.00 Contribution Error Memo Item	
State: District: Full Name (Last, First, Middle Initial) B. Dixon, Russell, R., , Mailing Address PO Box 27	Date of Disbursement				
City Wheaton Purpose of Disbursement Requested Refund Candidate Name	State IL	Zip Code 60187-0027	010 Category/ Type	FEC Identification Number C Transaction ID : 10838383 Amount of Each Disbursement this Period	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General Cify)		280.50 Requested Refund Memo Item	
Full Name (Last, First, Middle Initial) C. Thompson, Hillary, , ,	Date of Disbursement				
Mailing Address 13800 Jackson Rd	09 21 2016				
City Mishawaka Purpose of Disbursement Incorrect Contribution Candidate Name	State IN	Zip Code 46544-9195	010 Category/	FEC Identification Number C Transaction ID : 10842480 Amount of Each Disbursement this Period	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼	Туре	150.00 Incorrect Contribution Memo Item	
SUBTOTAL of Disbursements This Page (optional).			 ⊾	480.50	
TOTAL This Period (last page this line number only				480.50	